

Bupa Occupational Health Limited

# Bupa Health and Dental Centre - Reading

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 15 May 2018 at Bupa Health and Dental Centre - Reading 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.

Bupa Health and Dental Centre - Reading provides independent health assessment services, GP consultations and musculoskeletal services. This inspection focused on the independent health assessments and GP consultations. The dental service report, which was inspected on the same day, can be found by selecting the 'all reports' link for Bupa Health and Dental Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We obtained patient feedback through 23 comments cards which were all positive about the service.

### **Our key findings were:**

- The provider had systems and processes to provide safe care and treatment.

# Summary of findings

- The provider had suitable arrangements for dealing with medical and other emergencies.
- Staff assessed patients' needs and provided care and treatment in line with recognised guidance.
- Patients were positive about all aspects of the service the provider provided.
- Staff protected patients' privacy and were aware of the importance of confidentiality.
- The provider's appointment system was efficient and met patients' needs.
- The provider had arrangements to ensure the smooth running of the service.

- There was a clearly defined management structure and staff felt supported and appreciated.
- The provider monitored clinical and non-clinical areas of their work to help them improve and learn.
- Risks to patients were managed and mitigated.

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

- Review the policy on identity checking to ensure risks to patients are mitigated.

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.

- The provider had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.
- Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.
- Staff were qualified for their roles and the provider completed essential recruitment checks.
- Premises and equipment were clean and properly maintained.
- The provider had suitable arrangements for dealing with medical and other emergencies.

### **Are services effective?**

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

- Staff assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and efficient. Staff discussed treatment with patients so they could give informed consent and recorded this in their records.
- The provider had clear arrangements when patients needed to be referred to other health care professionals.
- The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

### **Are services caring?**

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

- We received patient feedback about the provider. Patients were positive about all aspects of the service the provider provided. They told us staff were supportive, courteous and well organised.
- They said that they were given honest and detailed explanations about treatment, and said staff listened to them.
- We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

### **Are services responsive to people's needs?**

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

- The provider's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if required.
- Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The provider had access to telephone interpreter services.
- The provider took patients views seriously. They valued compliments from patients and had systems in place to respond to concerns and complaints quickly and constructively.

### **Are services well-led?**

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

- The provider had arrangements to ensure the smooth running of the service.
- There was a clearly defined management structure and staff felt supported and appreciated.

# Summary of findings

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- The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.
  - There was a clear ethos of patient centred care.
  - Governance arrangements were in place to enable the oversight of staff and monitoring of patient satisfaction.
  - Patient feedback was encouraged and considered in the running of the service.
  - Risks to patients were managed and mitigated.
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# Bupa Health and Dental Centre - Reading

## Detailed findings

### Background to this inspection

Bupa Health and Dental Centre – Reading, provides independent health assessment services, GP consultations and musculoskeletal services. The service has an in-house dental suite offering preventive, specialist and cosmetic dental and hygienist services.

This inspection focused on the independent health assessments and GP consultations. The dental service report, which was inspected on the same day, can be found by selecting the ‘all reports’ link for Bupa Health and Dental Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

There is level access for people who use wheelchairs and those with pushchairs.

Bupa Health and Dental Centre is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some 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. Some of the services available at Bupa Health and Dental Centre - Reading are exempt by law from CQC regulation. Therefore, we were only able to inspect the regulated activities as part of this inspection.

The provider has a registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is open 7.30am to 6pm Monday to Friday, with a late evening until 7pm on Wednesdays and 8am to 4.00pm on Saturday.

Patients requiring advice and support outside of those hours are advised to use the NHS 111 service. The service does not manage the ongoing care and review of patients with long term conditions as part of its GP services. The centre employs 31 staff, which include health assessment and primary care doctors, health advisors, sport and exercise medicine consultants, physiotherapists and staff working for the dental service. Those staff are supported by the centre manager and a range of administration and support staff.

The inspection of the health services was led by a CQC inspector who was accompanied by a GP specialist advisor.

During our visit we:

- Spoke with a range of staff, including three GP’s (including the clinical lead), three members of the health advisor team and the centre manager, who is also the registered manager.
- Looked at information the service used to deliver care and treatment plans.
- Reviewed documents relating to the service.
- We collected 23 CQC comment cards completed by patients.

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?

# Detailed findings

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 provider had clear systems to keep patients safe.

- Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. Staff had completed safeguarding vulnerable adults and children training to the appropriate level.
- Following other Care Quality Commission (CQC) inspection feedback the corporate provider were in the process of changing their policy to ensure all doctors were trained to children safeguarding level three in line with national guidance. This service had already acted upon this and ensured that all appropriate staff were trained to level three.
- The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.
- There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.
- The provider had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.
- The provider had a business continuity plan describing how the provider would deal with events that could disrupt the normal running of the provider.
- The provider had a staff recruitment policy and procedure to help them employ suitable staff and had written assurance from agencies that checks were in place for agency and locum staff provided. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.
- Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

### Risks to patients

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

- The provider's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.
- We noted that clinical staff were qualified and registered with the appropriate governing body and had professional indemnity cover.
- The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.
- Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.
- Reception staff had been trained to recognise the signs of sepsis and other emergencies.
- Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.
- The emergency medicines and equipment for health services were stored in a recess in the corridor, outside of the consulting rooms where they could be easily accessed by inappropriate people. On the day of inspection, the provider ordered a lockable cupboard to store them in securely and have sent us evidence that this has been implemented.
- The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.
- The provider occasionally used locum staff. We were told these staff received an induction to ensure that they were familiar with the provider's procedures.

# Are services safe?

- The provider had an infection prevention and control policy and procedures. We reviewed the most recent audit and found that action had been taken as appropriate. Staff completed infection prevention and control training and received updates as required.
- The provider had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.
- We saw cleaning schedules for the premises. The provider was clean when we inspected and patients confirmed that this was usual.
- The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

## Information to deliver safe care and treatment

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

- We discussed with the clinical staff how information to deliver safe care and treatment was handled and recorded. We looked at a sample of patient care records and noted that individual records were written and managed in a way that kept patients safe.
- Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with provider protocols and current guidance.
- The provider was registered with the information commissioner's office (ICO) and stored information appropriately and in line with current guidelines. The provider had reviewed upcoming changes to the General Data Protection Regulations and had acted accordingly.
- The provider did not have any process in place to check and verify the identity of patients using the service. They told us that this was currently under review at a corporate level. Information was shared with a patient's regular NHS GP when appropriate and with consent.

## Safe and appropriate use of medicines

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

- There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.
- The provider kept records of prescriptions as described in current guidance. Prescriptions were electronically entered and tracked through the system.
- The provider had a process for receiving medicine and safety alerts. We saw these were acted on as necessary by the provider.

## Track record on safety

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

## Lessons learned and improvements

The provider learned and made improvements when things went wrong.

- The staff were aware of the Serious Incident Framework and responded to and discussed all incidents to reduce risk and support future learning in line with the framework.
- There were systems for reviewing and investigating when things went wrong. The provider learned and shared lessons identified themes and took action to improve safety in the provider.
- Following feedback from a staff member regarding a risk identified with referral letters it was suggested that all letters should be double checked by a second member of staff. This was raised and implemented.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- There was a system for receiving and acting on safety alerts. The provider learned from external safety events as well as patient and medicine safety alerts.



## Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

Bupa Health and Dental Centre - Reading staff undertook appropriate assessments prior to planning and delivering care.

- National Institute for Health and Care Excellence (NICE) guidance was reviewed by the clinical governance lead and staff during meetings to identify any changes to best provider.
- Health and assessment forms were used to identify patients care needs and we found these to be comprehensive and appropriate to the services delivered.
- Patients were prioritised for appointments if their needs were deemed urgent. There was a process for receptionists to follow to ensure high risk conditions such as sepsis and chest pain could be identified and acted on appropriately.

### Monitoring care and treatment

- The provider monitored the care provided via clinical audits, patient feedback and audits of procedures to ensure these were followed.
- Patient feedback was sought via questionnaires and surveys on the support and care provided. This was highly positive about the quality of service patients received.

Results for April 2018 showed:

- 72% of patient's responded positively about the service received.
- 19% of patient's responded neutrally about the service received.
- 9% of patients responded negatively about the service received.

Results for March 2018 showed:

- 80% of patient's responded positively about the service received.
- 17% of patient's responded neutrally about the service received.
- 7% of patient's responded negatively about the service received.

Patient satisfaction was reviewed to identify ongoing positive and negative themes and patients were given the opportunity to suggest improvements to the survey. We saw that actions were taken where possible to implement these changes.

For example, a patient commented that they shouldn't have to fill in the same information each time they had a health review. The provider was in the process of developing the pre-assessment questionnaire to pre-populate the previous years answers.

### Effective staffing

The provider had a system to continually assess their staff's skills and knowledge and identify what training was needed on an ongoing basis. A training programme was in place which included a broad range of clinical and non-clinical training including, safeguarding, infection control and equality and diversity.

There were clinical procedures in place for all of the various care and treatments provided. These were tested and monitored.

Staff received an induction from the provider prior to starting work. Annual appraisals were provided to staff to ensure they could identify any additional development and training needs.

### Coordinating patient care and information sharing

- Staff worked together and with other health and social care professionals to deliver effective care and treatment.
- Staff confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the service did not provide.
- The provider had systems and processes to identify, manage, follow up and where required refer patients for specialist care when required.
- The provider also had systems and processes for referring patients with suspected cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.
- The provider monitored all referrals to make sure they were dealt with promptly.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

- Bupa Health and Dental Centre - Reading services were designed to enable patients to access appropriate GP care in a timely manner with the aim of early identification of illness to enable quicker treatment.
- Patients were provided with health and lifestyle information and advice prior to and following their care and treatment.
- Health assessments included advice on healthy eating, stopping smoking and exercising regularly. Targeted plans were given to individuals. Cervical screening was also offered by the service.
- Consent forms were used to ensure written consent was obtained where necessary. There was guidance and a protocol on consent available to staff.
- There was also a dedicated Mental Capacity Act (MCA) 2005 policy and guidance. Gillick Competency (consent rights for patients under 16) training was provided to staff who consulted with and treated children. Staff received training on consent and specifically the MCA 2005.
- The cost of consultations was made clear to patients prior to appointments. When patients required additional tests or treatment the costs of these were advised in advance of consent to these procedures. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

## Consent to care and treatment

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

- The provider team understood the importance of obtaining and recording patients' consent to treatment. The staff told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

We received 23 Care Quality Commission (CQC) comment cards from patients who had used the service. All of the feedback cards we received from patients were highly positive regarding the services. Feedback was particularly positive regarding the staff and the quality of the services provided.

The provider regularly sought feedback from patients on the services they received. They had undertaken regular surveys to assess patient satisfaction.

Comments from a survey undertaken in April 2018 included:

- Patients felt staff were professional and helpful.
- Doctors were kind and had empathy.
- Staff were friendly and listened to patients.

### **Involvement in decisions about care and treatment**

Patient feedback suggested that patients felt treatments options and assessment outcomes were explained clearly to them.

Comments from a survey undertaken in April 2018 included:

- Treatments were well explained.
- The assessment was thorough and focused on solutions in conjunction with the patient.
- Clinical staff explained test results clearly.

There was patient literature available and these explained the various types of treatment and what they entailed.

Feedback provided on CQC comment cards was positive in regards to patients' involvement in care decisions.

### **Privacy and Dignity**

Staff received training and procedures in order to protect patients' dignity and privacy. Clinical staff explained how they tried to put patients at ease when undertaking intimate examinations or procedures. We saw no concerns in patient feedback or complaints to the provider regarding privacy and dignity concerns.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The service provided personalised care to patients including ongoing access to advice and information. There had been consideration of the accessible information standard and requirements regarding the Equality Act (2010). For example,

- The provider assessed any equality and diversity concerns regarding patient care and treatment and potential improvements within their risk assessments undertaken for providing each of their services.
- A choice of female and male clinicians was offered to patients.
- Larger size fonts in patient literature were available for any patients who had difficulty reading due to visual impairments.
- Translation services were available.
- Patient feedback received by CQC indicated that patients received detailed explanations about their health and wellbeing.
- Consideration of the NHS accessible information standard was written into policies.

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- Staff were clear on the importance of emotional support needed by patients when delivering care.
- A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.
- The provider had made reasonable adjustments for patients with disabilities. This included step free access, wheelchair accessible toilet and a lift.
- We noted the provider did not have a hearing loop available for patients and visitors who were hearing aid wearers but were in the process of reassessing this need.
- Staff told us that they emailed appointment confirmation and texted every patient the day before their appointment to make sure they could get to the provider.

### Timely access to the service

- Patients were able to access care and treatment from the provider within an acceptable timescale for their needs.
- The provider displayed its opening hours in their new patient information and on their website.
- The provider had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.
- The provider website, information leaflet and answerphone provided a telephone number for patients needing emergency treatment during the working day and when the provider was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

- The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Following a complaint from a patient regarding routinely requesting specific tests the provider updated their assessment to only request specific tests are undertaken if clinically indicated.
- The provider had a complaints policy providing guidance to staff on how to handle a complaint. The provider information leaflet explained how to make a complaint.
- The centre manager was responsible for dealing with complaints. Staff told us they would tell the centre manager about any formal or informal comments or concerns straight away so patients received a quick response.
- The centre manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the provider dealt with their concerns.
- We looked at comments, compliments and complaints the provider received. Complaints would be acknowledged within seven days and investigated within 20 days.
- The provider had a policy for 'closing the loop' on all patient feedback. A staff guide was produced and all patients who provided feedback were contacted but the

# Are services responsive to people's needs?

(for example, to feedback?)

centre manager to update them on the result of their feedback. The providers recognised that patients are more likely to provide feedback again if they knew they were listened to.

# 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 services in accordance with the relevant regulations.

### Leadership capacity and capability

- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- They 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 provider.
- The provider had the experience, capacity and capability to ensure patients accessing services received high quality assessment and care. It was evident that the leadership within the service reviewed performance frequently. The leadership team included the relevant mix of clinicians and management expertise required to deliver the services and monitor performance.

### Vision and strategy

- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities. The provider's mission statement was 'Helping people live longer, healthier, happier lives.'
- The provider had an ethos of providing high quality and locally focussed care and treatment which would enhance patient outcomes within the local area. The delivery of care and mix of services provided to patients reflected the provider's ethos.

### Culture

- The provider had a culture of high-quality sustainable care.
- Staff stated they felt respected, supported and valued. They were proud to work in the provider.
- The provider focused on the needs of patients.
- The provider and centre manager had systems in place 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 were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance arrangements

The service had suitable governance frameworks with which to support the delivery of services. Specific policies and procedures were in place and easily accessible to staff. For example,

- There were policies covering specific areas of service delivery including safeguarding, whistleblowing and significant event reporting.
- There were regular clinical governance meetings where outcomes regarding the care provided and patient outcomes were discussed.
- We found that a process for investigating and identifying actions resulting from significant events was in place.
- Audit was used to assess quality and identify improvements.

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

- The centre manager had overall responsibility for the management and clinical leadership of the provider. Staff knew the management arrangements and their roles and responsibilities.
- The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

### Managing risks, issues and performance

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

- The service had systems to effectively identify, assess and manage risks related to the service provided. The risks associated with the treatment provided were assessed and well managed via ongoing assessment and periodic review of the services provided. For example, audits of the clinical care was delivered took place regularly.

# Are services well-led?

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

## **Appropriate and accurate information**

- Patient assessments, treatments, including ongoing reviews of their care, were monitored. The clinical staff responsible for delivering patients' care were able to access the information they needed.
- The provider had policies for the safe sharing of information and they were registered with the Information Commissioner's Office (ICO).
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information

## **Engagement with patients, the public, staff and external partners**

The service encouraged and valued feedback from patients. They acted to improve services on the basis of this feedback.

- Comments and feedback were encouraged. These were reviewed and considered by the provider.
- Patient feedback was consistently positive.
- Staff feedback was collected via appraisal and meetings. This was valued and acted on where necessary.
- The provider involved patients, the public, staff and external partners to support high-quality sustainable services.
- The provider used comment cards and verbal comments to obtain staff and patients' views about the service.

- The provider gathered feedback from staff through surveys, meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.
- We were told the patient feedback was obtained after every visit and collated.
- Following patient feedback regarding the waiting room provisions and television was installed in the waiting room for patients.

## **Continuous improvement and innovation**

There were systems to identify learning outcomes and implement improvements where necessary.

- The provider had undertaken a wholesale review of policies and protocols to ensure these were relevant to the services provided and up to date with relevant guidance.
- To assist in managing current guidance, risk assessments, safety alerts and policies a system was implemented which consolidated all requirements including action.
- The provider had quality assurance processes to encourage learning and continuous improvement. They had clear records of the results of these audits and the resulting action plans and improvements.
- The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.