

Fleet Street

Inspection report

Ludgate House
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London
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Date of inspection visit: 14/08/2019
Date of publication: 18/09/2019

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection 30 April 2018 – the service was not rated at this time).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Fleet Street under Section 60 of the Health and Social Care Act 2008 as part of our current inspection programme. 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.

London Doctors Clinic Limited – Fleet Street, known as Blackfriars, is an independent doctors service which provides private general medicine services from Ludgate House 107-111 Fleet Street, London, EC4A 2AB. All services are private and subject to payment of fees, which are detailed on the provider website. No NHS services are provided.

Dr Seth Rankin 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.

We received nine completed CQC comment cards and spoke with one patient. Feedback was consistently positive about the services provided. Patients described the doctors as considerate, helpful, caring and attentive. Three patients commented that they would recommend the service to friends and family. Other patients commented on their positive experiences at Blackfriars.

Staff we spoke with told us they were very well supported in their work, felt valued and were proud to be part of the organisation.

Our key findings were:

- The service had clearly defined processes and systems in place to keep people safe and safeguarded from abuse. Staff we spoke with knew their responsibilities for safeguarding adults and children.
- There was an open and transparent approach to safety and a system in place for recording, reporting and learning from significant events, incidents and complaints.
- There were effective arrangements in place for monitoring and managing risk to people and staff safety. Staff had received essential training in safe working practices.
- There were effective recruitment procedures in place to ensure staff were suitable for their role.
- Patients received effective care that met their needs, kept them safe and protected them from avoidable harm.
- The premises were clean, well maintained and well equipped to treat patients and meet their needs.
- Patients were offered timely appointments convenient to them.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- 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 and best practice.
- There were clear responsibilities, roles and systems for accountability to support good governance and management.
- There was a clear vision and strategy and an open and supportive culture.
- There was evidence of continuous quality improvement. The service had a comprehensive and effective approach to managing and responding to patient feedback which was collated, analysed and shared to drive improvement.

Dr Rosie Benneworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC inspector and was supported by a GP specialist advisor and a second CQC inspector.

Background to Fleet Street

Fleet Street (known as Blackfriars) is registered with the Care Quality Commission (CQC) and is part of London Doctors Clinic Limited, which was founded in 2014 and is an independent provider of private general practitioner services across 15 locations across London. The service is located in a large serviced office building in Ludgate House, 107-111 Fleet Street, London, EC4A 2AB. Only this location was visited as part of this inspection.

The service is registered with CQC to provide the following regulated activities: Treatment of Disease, Disorder or Injury, Diagnostic and Screening Services and Maternity and Midwifery services.

The provider rents two consultation rooms and a reception area at Fleet Street. The clinic is open Monday to Friday between 9.00am and 5.30pm. Appointments are available between 9am and 5.15pm. The clinic is not open at weekends however, patients can access a number of other local London Doctors Clinics that are open at weekends. The service does not offer out of hours services on the premises. Approximately 1500 patients are seen across all 15 sites per week.

Services at the clinic are offered on a booked appointment only basis and include GP consultation; blood tests; allergy treatments; medicals; specialist referrals, sporting medical certificates; immigration and visa medicals; travel services; health screening; imaging, investigations and procedures, medications and prescriptions and sexual health services.

Appointments can be made by using a central telephone number, or through an online booking system accessible through the provider website. Video consultations are available if requested. Patients can book appointments on the same day or up to a week in advance. The provider told us that 40% of appointments at this location were for certificates (insurance and work purposes) and medicals, the remaining 60% of patients seen are treated for minor acute illness. On average between 40 to 50% of patients return to the service.

The only clinical staff employed at the service are general practitioners (GPs) who have previous experience working within the NHS. Each separate site has a Clinic Manager who also carries out site management, administrative and reception duties and is supported by a corporate team which includes dedicated management, governance, quality assurance and administrative functions.

Further details about the service can be found on the provider website: www.londondoctorsclinic.co.uk

How we inspected this service:

We reviewed information about the service in advance of our inspection visit. This included:

- Data and other information we held about the service.
- Material we requested and received directly from the service ahead of the inspection.
- Information available on the service's website.
- Patient feedback and reviews accessible on various websites.

During the visit we spoke with the clinic manager, a clinical director who is a GP and a GP who was working on the day of the inspection. We gained feedback from nine completed CQC comment cards and discussions held with a patient. We carried out observations, reviewed the systems in place for the running of the service, including how clinical decisions were made, sampled key policies and procedures and looked at a selection of anonymised patient records.

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?

We rated Safe as Good because:

There were systems in place to assess, monitor and manage risks to patients.

Safety systems and processes

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

- The provider 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 on-going training. Essential training included health, safety and welfare, fire safety, basic life support, infection prevention control, safeguarding and information governance. Staff we spoke with demonstrated an understanding of safety management and their role and responsibilities.
- The provider carried out staff checks, including professional registration where relevant at the time of recruitment and on an ongoing basis where appropriate. Vetting of applicants was undertaken centrally by the human resources (HR) team. Disclosure and Barring Service (DBS) checks were undertaken for all staff employed at the clinic. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We reviewed the recruitment records for three staff employed and found all the information required in respect of these staff was available.
- The service had effective systems in place to safeguard children and vulnerable adults from abuse. Staff had received the level of training required of their role. Clinic staff we spoke with knew how to identify and report concerns and had access to a detailed safeguarding policy, which had been regularly reviewed. We saw that safeguarding was a standing agenda item at meetings held and designated safeguarding leads were in place. We saw evidence that a safeguarding concern had been raised, escalated and the outcome discussed in a team meeting held and the action taken recorded. However, this was not in relation to this site.
- Patients were able to request a chaperone. Staff who acted as chaperones had received training for the role and had received a DBS check. We saw chaperone notices displayed in the waiting area and in consulting

rooms advising patients of this service. Discussions held with a staff member demonstrated they had a clear understanding of their role when undertaking these duties.

- The clinic was visibly clean and tidy on the day of the inspection. There was an effective system to manage infection prevention and control (IPC). Staff had access to an infection, prevention and control policy that had been reviewed in January 2019 and cleaning schedules were maintained. The provider had a designated infection control lead and staff had received IPC training. An IPC audit had been undertaken in April 2019 and no issues had been identified. Arrangements to manage risks associated with Legionella, a particular bacterium that may contaminate water systems in buildings, were in place with evidence of regular water testing and sampling checks.
- The provider ensured equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The clinic was located in a large serviced office building and the landlord was responsible for ensuring environmental risks were assessed and fire safety checks undertaken to include testing of fire alarms and emergency lighting. A fire strategy plan was in place and a fire evacuation plan displayed that detailed the assembly point in the event of an evacuation. We saw a fire safety risk assessment had been completed by the landlord in July 2018 and had been reviewed and updated in April 2019. At the time of the inspection evidence that these checks had been undertaken was not available but were later forwarded to us following the inspection. A general risk assessment for the clinic was also available
- The service had appropriate processes for receiving, managing and responding to alerts, including those received from the MHRA (Medicines and Healthcare products Regulatory Agency).

Risks to patients

There were systems to assess, monitor and manage risks to people's safety.

- There were arrangements for planning and monitoring the number and skill mix of staff. The provider ensured adequate staffing arrangements were maintained and enough staff were available to meet the demand for the service.

Are services safe?

- There was an effective induction system for new staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff received annual basic life support training to ensure they were able to respond appropriately to any changing risks to patients' health and wellbeing during their visit to the clinic.
- 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.
- Staff received essential health, safety and welfare training including infection, prevention and control and fire safety.
- Emergency medicines, oxygen and a defibrillator were available and staff we spoke with knew where they were located. At the time of the inspection not all of the suggested medicines in the event of a medical emergency were available and a risk assessment had not been undertaken for the identified medicines not held. However, a risk assessment was developed, and shared with us before the end of the inspection.
- The service had a business continuity plan in place for major incidents such as power failure or building damage. In the event of a major incident patients booked for appointments would be directed to other local clinic sites if needed.
- There were systems in place to seek written consent prior to people receiving any treatment or procedures.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Information was only shared with other agencies, for example when referring patients over to secondary care once consent had been obtained from patients.
- There was provision for medical records to be retained in line with Department of Health and Social Care (DHSC) guidance in the event of the provider ceasing to trade.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- There were systems, policies and processes in place to ensure that medicines were prescribed and dispensed safely, to include a repeat prescribing policy that had been reviewed in May 2019. We saw medicines were securely stored and regular checks were carried out on the emergency medicines and equipment to ensure they were safe to use and medicines in date.
- The service dispensed a number of medicines but did not prescribe controlled drugs detailed in Schedules 1, 2 and 3 as defined by the Misuse of Drugs Regulations 2001.
- The service dispensed Schedule 4 medicines and had a controlled drugs policy, reviewed in April 2019, which set out their approach to managing these safely. These medicines could only be issued on a face-to-face basis and checks were in place to ensure proof of patient identity. These medicines were not issued on a repeat prescription without a clinical review. A paperless electronic prescription system was used, and medicines dispensed by a GP at the time of the consultation if required. Details of the medicine's batch number were recorded in patient records.
- GPs prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance and regular audits were carried out to ensure prescribing of medicines was safe and in line with best practice. Audits of antimicrobial use were undertaken.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept people safe. The care records we saw showed that information needed to deliver safe care and treatment was appropriately available and accessible to staff.
- The patient record system was used at all sites and clinicians could access the records of patients at any of these sites or remotely. This provided flexibility for patients to be seen at a clinic most convenient to them and ensured clinicians had access to the information they needed to deliver safe care and treatment.
- Staff we spoke with demonstrated a clear understanding of protecting patient confidentiality. We saw IT systems were password protected.

Are services safe?

- No high-risk medicines had been prescribed since the last inspection.

Track record on safety and incidents

The provider had a good safety record.

- The provider used a significant incident form to document and record incidents. Staff we spoke with knew how to access this form on the computer system. There had been no significant events since the last inspection. However, we saw significant events were a standing agenda item at complaints and significant meetings held monthly.
- The provider had a system in place for reviewing and acting upon patient safety alerts. There was a responsible clinician who reviewed all alerts and ensure that the appropriate action was taken and documented in response to these alerts.
- 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.
- There were risk assessments in relation to safety issues, for example fire risk and legionella.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong.

- There was an effective system in place for recording and acting on significant events and incidents. The provider had a policy in place for the reporting and management of all adverse events and serious incidents which staff could access. Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- 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.
- There were adequate systems for reviewing and investigating when things went wrong. Regular meetings were held across the provider sites to review and discuss significant events, safeguarding and complaints. These meetings helped identify any common themes, share learning and improve safety and quality.

Are services effective?

We rated effective as Good because:

The service organised and delivered services to meet patients' needs.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' needs were assessed, and care delivered in line with relevant and current evidence-based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence-based practice.
- The provider had incorporated a prescribing reference tool into their clinical system to ensure that clinicians had access to the most up to date prescribing guidance.
- We saw evidence of appropriate use of care plans, care pathways and supporting processes.
- Clinicians had sufficient information to make or confirm diagnoses.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The provider was actively involved in quality improvement activity.

- The provider had effective systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. Monthly audits were undertaken of GP consultation notes, including results and clinical prescribing for each GP to ensure that consultations with patients were safe, based on current clinical guidance, that medicine batch numbers were recorded and that tests were clinically indicated or ethically requested. Clinicians were provided with feedback on the quality of their consultations.
- The service made improvements through the use of regular audits. Five audits had been carried out since the last inspection that demonstrated quality improvement.

These included a second audit of gonorrhoea (a specific sexually transmitted disease) following an initial audit undertaken in 2017 that identified the need to improve history taking and documentation in sexual health and the management of gonorrhoea. The service had introduced a

template to support the management of this condition following the first audit. The outcome of the second audit undertaken in October 2018 found a marked improvement in obtaining sexual histories from 65% previously to 91.6%. The conclusion was the management of gonorrhoea was largely in line with guidance and improvements noted since the introduction of a template to help with the management of this condition.

- In addition to clinical audits, other appropriate audits had been undertaken that included an infection control audit.
- Following their consultation, patients were requested to provide feedback on the service provided.

Effective staffing

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

- The provider had role specific induction programmes for all newly appointed staff. The induction programme for GPs included a period of supervised clinics to ensure they were competent and confident in their role. Salaried GPs were employed working full or part-time in addition to self-employed GPs. Locum GPs were occasionally used.
- The provider understood the learning needs of staff which were identified through a system of appraisals, meetings and reviews. Staff were provided with protected time and were supported to complete a variety of training appropriate to their role. They were encouraged and provided with opportunities to develop.
- Essential training included basic life support; fire safety; health, safety and welfare; infection prevention and control; adult and child safeguarding; mental capacity act 2005; information governance; record keeping; general data protection regulations (GDPR) and equality, diversity and human rights. There were effective systems in place to ensure all staff were up to date with their training. Records of staff skills, training and qualifications for staff that we reviewed were maintained and were up-to-date.
- There were systems in place to verify GPs were registered with the General Medical Council (GMC) and to ensure they were up to date with their revalidation.
- Staff we spoke with told us they felt well supported in their work.

Are services effective?

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. Patients were requested to consent to the details of their consultation being shared with their registered GP. If patients agreed a letter was sent to their NHS GP.
- The provider told us they worked closely with local hospitals and other GPs wherever possible to jointly manage anything that required services not available in the private sector. Staff knew how to make an onward referral when needed and had access to protocols to assist them with the process. If patients required urgent diagnostic referrals, they would be advised to contact their GP to make the referral. A letter for the patient to give to their GP with the relevant information from the consultation.
- All test results were sent to patients by e-mail; however, where results showed abnormalities the patient would be contacted by a GP via telephone.

Supporting people to live healthier lives

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

- Patients were supported to live healthier lives by having access to same day GP appointments and were provided with advice on self-care. Patients were able to access health screening provided by the clinic.
- Patients from overseas who worked in London but did not have an NHS GP were able to access care and

treatment from a GP, receive a diagnosis and medication where required in a single appointment. Results were provided the same day where possible. If a patient was unable to provide a service a patient specifically required, they were signposted to other services either within the private sector or NHS appropriate to their individual needs.

- Health promotion events were offered to corporate businesses. These included awareness on mental health, sexual health and hay fever remedies. Free consultations were also offered to the landlords building and maintenance staff.

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 and had received training on the Mental Capacity Act 2005 (MCA) as part of their induction and essential training.
- The service monitored the process for seeking consent appropriately and there was a documented process for staff to follow should sharing information with patients' own NHS GPs be required.
- Staff were aware of the General Data Protection Regulation (GDPR) and were handling patients' personal data in line with the regulation and had received training. There were arrangements in place for checking patient identities.

Are services caring?

We rated caring as Good because:

Staff dealt with patients with kindness and respect and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated people with kindness, respect and compassion.

- We observed that members of staff working at the clinic were courteous and helpful when patients arrived for their appointment.
- We received eight completed CQC comment cards and spoke with a patient following their consultation. Feedback was positive about the way staff treated them and patients told us they were treated with kindness and respect. Comments included staff were caring, helpful, considerate and very competent.
- Staff understood people's personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to patients and demonstrated a person-centred approach to their work.
- Staff received essential training in areas that included equality, diversity and human rights.
- The service gave patients timely support and information. Feedback we received from patients indicated that they felt listened to and were provided with clear explanations and informative advice from the GPs they saw.
- Patients were requested to provide feedback following their consultation in the form of a survey. Patients that responded indicated they were very satisfied with the service they had received.

Involvement in decisions about care and treatment

Staff helped people to be involved in decisions about care and treatment.

- Feedback we received from patients indicated they felt listened to, supported by staff and were provided with sufficient time during their consultations to make an informed decision about the options and treatment available to them. This was also reflected in the survey's patients had completed for the service post their consultation experience.
- The service used a number of means to communicate with patients who did not speak English as a first language. They employed clinicians who spoke a variety of languages and had access to a telephone translation service.
- If any referrals were considered in the patients' best interest, this was discussed and consent from the person obtained prior to referrals being made.

Privacy and Dignity

The service respected people's privacy and dignity.

- Staff demonstrated they recognised the importance of people's dignity and respect.
- Doors were closed during consultations and background music was played in the waiting room to help provide audio privacy.
- Curtains were provided in consulting rooms to maintain people's privacy and dignity.
- Feedback we received from patients indicated that their dignity was maintained, and they were respected.

Are services responsive to people's needs?

We rated responsive as Good because:

Patients could access care and treatment in a timely way.

Responding to and meeting people's needs

The provider organised and delivered services to meet people's needs. It took account of individual needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The clinic was conveniently located in Central London and had been designed to appeal to those who worked locally who wanted GP access near their place of work. The service was also designed to appeal to patients from overseas who were visiting and working in London but did not have access to NHS services. The provider told us they were proud to offer patient choice and work alongside the NHS providing low-cost convenience for people who find their registered GP difficult to access due to working or visiting London, or those people who did not have a registered GP. They strived to provide a 'one-stop-shop' service where patients have all their needs provided with one appointment contact.
- The website for the service was clear and easy to understand. The service made it clear to patients on their website what services were offered and ensured their patients were made aware of the limitations of the service. For example, services for patients with long-term conditions were not provided. Less than 1% of patients seen across all of the sites were children.
- The provider offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against any client group. Video consultations were available between 6am and 8pm, however, only 1% of consultations that currently took place were by video.
- All staff had been provided with training in equality, diversity and human rights. Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.

Timely access to the service

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

- The clinic was open Monday to Friday between 9.00am and 5.30pm. Appointments were available between 9.00am to 5.15pm. The clinic was not open at weekends but patients could access a number of other clinics owned by the provider during this period.
- People could also access a range of sites across the organisation at a time and location to suit them, for example a clinic closer to where they worked to suit their geographical needs.
- Services were offered on a private, fee-paying basis only, and therefore were accessible to people who chose to use them.
- We saw patients received a timely and responsive service with access to initial assessment, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately.
- Results from blood tests and external diagnostics were sent to the patient in a timely manner using the patient's preferred method of communication. The practice offered a sexual health screening service where results would be sent to the patient within six hours of testing. Feedback we received from both the CQC comment cards and the provider's own survey indicated that access was timely, and patients obtained appointments that were convenient.
- Patients reported that they found the appointment system was easy to use.

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 provider had a designated lead for overseeing and managing complaints. A complaints, suggestions, feedback and compliments policy and procedure was available.
- Information about how to make a complaint was available on the provider's website only and not accessible in the clinic. At the time of the inspection the escalation process should a patient not be satisfied with the outcome or the management of their complaint was not detailed. However, this was rectified during the inspection.
- The provider encouraged feedback from patients about the service provided via a questionnaire that patients

Are services responsive to people's needs?

were requested to complete post consultation. Feedback reviews rated below four or five stars overall out of five were treated as a complaint and patients were contacted to discuss any concerns.

- Fifteen complaints had been received and actioned since the last inspection. Monthly meetings were held to share and review all complaints received across all sites, common themes were identified for example bed-side manner and learning disseminated and recorded.

Are services well-led?

We rated well-led as Good because:

Effective management oversight of systems to confirm monitoring, continuous learning and improved processes was evident.

Leadership capacity and capability

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

- The service was part of London Doctors Clinic Limited, which was founded in 2014 and was an expanding organisation. Leaders were knowledgeable about issues and priorities relating to the quality of services, including the ongoing and future delivery of these services.
- Leaders demonstrated a detailed understanding of current and future challenges and priorities facing the organisation. They were easily contactable and approachable. Leaders worked with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff were encouraged to contribute ideas to improve services.
- Staff demonstrated high levels of experience, capacity and capability to deliver high-quality and sustainable care and felt valued, respected and supported in their work.
- Leaders had the capacity and skills to deliver high-quality, sustainable care. We saw evidence of effective governance arrangements in place to confirm monitoring, continuous learning and improved processes.

Vision and strategy

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

- The provider had a clear vision and strategy to deliver high quality care and promote good outcomes for patients and had a realistic strategy and supporting business plans to achieve priorities. Their ethos was detailed in their statement of purpose which was to provide an intelligent people-facing service and to continually promote innovation to improve patient experience.
- The provider's strategy was focused on satisfying a demand for same day prompt and convenient access to

GP appointments. The provider had expanded the number of locations since the last inspection and shared their plans with us in relation to future expansion of their services outside of London.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff we spoke with told us they felt respected, supported and valued by the provider. They reported positive relationships between staff and leaders.
- Openness, honesty and transparency were demonstrated. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with ongoing development. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary and received regular supervision and appraisal. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity and provided staff with training.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The provider ensured standards were achieved through regular audit and measuring feedback received from patients following their care and treatment.

Are services well-led?

- Staff had access to a suite of policies and procedures that governed activity to ensure safety and assured themselves that they were operating as intended. We saw these were easily accessible to staff, regularly reviewed and updated.
- There was a clear organisational structure and staff were aware of their own roles and responsibilities.
- Regular meetings were held to support governance systems and staff were encouraged to contribute ideas to improve the services provided. We saw evidence from minutes of meetings that allowed for lessons to be learned and shared following significant events and complaints.

Managing risks, issues and performance

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

- There were effective processes in place to identify, understand, monitor and address current and future risks including risks to people's safety.
- Performance of clinical staff could be demonstrated through monthly audit of their clinical consultations and patient feedback to ensure that the service provided reflected current guidelines and that tests ordered were necessary and ethical.
- Clinical audit had a positive impact on quality of care and outcomes for people. There was clear evidence of action to change services to improve quality.
- Leaders had oversight of safety alerts, incidents, complaints, staffing levels and performance.
- The provider had plans in place for major incidents and staff had received essential training to include fire safety and basic life support training.

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Accurate quality and operational information was used to monitor and drive performance, for example through audits of patient consultation notes.
- The service used electronic systems to manage risks and monitor and improve care. For example, warnings were used on the clinical system to share information relating to patients known to the organisation who had attempted to obtain prescriptions inappropriately. This information was shared across all sites.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of people who used the service.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were effective 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 provider involved people, the public, staff and external partners to support high-quality sustainable services.

- The provider welcomed and took on board the views of patients and staff and used feedback to improve the quality of services. Questionnaires were sent to patients following their consultation to gain their views about the services they received. The results were collated, analysed and shared with staff to inform service and its culture.
- Feedback gained was shared with GPs immediately, on an ongoing basis, and through monthly summaries of their feedback. Data shared was anonymised before being shared with individual clinicians.
- Patient feedback that scored less than four or five overall (out of five) was classified by the provider as a complaint and handled in line with complaints policy.
- Staff were provided with opportunities to give feedback through open discussions, team meetings and appraisals. A monthly doctor's newsletter was provided to clinicians to ensure information was disseminated and clinicians were kept informed of new developments and improvements which included any changes in policy.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement. The service made use of internal reviews of incidents, feedback and complaints. Learning was shared and used to make improvements for example, through the audit of patient records.
- The service had made use of IT services to offer every patient the opportunity to feedback following their consultations.
- Monthly continuing professional development sessions were held for GPs.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work.
- Staff used a secure text messaging service to facilitate quick clinical enquires between clinicians which enabled fast access to advice or assistance where required.