

# Bupa Occupational Health Limited

# Bupa Health and Dental Centre - West End

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection of Bupa Health and Dental – West End on 14 August 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.

This service was inspected in April 2013 under our previous inspection methodology and it was found at that time to be meeting all the essential standards of care.

Bupa Health and Dental Care – West End provides GP consultations, health assessments, dermatology and musculoskeletal services. This inspection focused on GP consultations, independent health assessments and dermatological procedures, including mole removal. The provider, at the same location, has an in-house dental suite offering preventive, specialist and cosmetic dental and hygienist services. The report of the dental services, 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).

As part of our inspection, we asked for CQC comments cards to be completed by patients during the two weeks prior to our inspection. We received a total of four

# Summary of findings

comments cards, all of which were positive about the service experienced. Patients commented that the service was caring and supportive and staff were professional.

## **Our key findings were:**

- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns. Clinical staff had been trained to a level appropriate to their role.
- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The provider carried out staff checks on recruitment, including checks of professional registration where relevant.
- Clinical staff we spoke with were aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their roles.
- There was evidence of quality improvement, including clinical audit.
- Consent procedures were in place and these were in line with legal requirements.
- Systems were in place to protect personal information about patients. The service was registered with the Information Commissioner's Office (ICO).
- Patients could access care and treatment from the centre within an appropriate timescale for their needs.
- Information about services and how to complain was available.
- The service had proactively gathered feedback from patients.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

There were areas where the provider could make improvements and should:

- Review safeguarding training provided for non-clinical staff in line with guidance.
- Review the arrangements for Infection Prevention and Control (IPC) in relation to enhanced training for the IPC lead, non-clinical staff and maintaining immunisation records in line with guidance.
- Review the policy to identify and verify a patient's identity prior to consultation.
- Review staff awareness of the interpreter service available for patients.

**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 were systems and processes in place to keep patients safe and safeguarded from abuse.
- There was a system in place for the reporting and investigation of incidents and significant events. Lessons learnt were shared with staff.
- There were systems in place to meet health and safety legislation.
- There were arrangements in place to deal with emergencies and major incidents.
- We observed the service premises to be clean and there were systems in place to manage infection prevention and control (IPC), which included regular audits.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

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### **Are services effective?**

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

- Clinical staff were aware of and used current evidence-based guidance relevant to their areas of expertise.
- Clinical staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was evidence of quality improvement, including clinical audit.
- There were formal processes in place to ensure all members of staff received an induction and an appraisal.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

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### **Are services caring?**

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

- We observed that staff treated service users with kindness, respect and compassion.
- The service had access to interpreting services for those patients whose first language was not English.
- Patient feedback through CQC comment cards indicated that patients felt the service was caring and supportive and staff were professional.
- Systems were in place to ensure that all patient information was stored and kept confidential. The service was registered with the Information Commissioner's Office (ICO).

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

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

- The location had good facilities and was well equipped to treat patients and meet their needs.
- Patients could access care and treatment from the clinic within an appropriate timescale for their needs.
- There was a complaints policy which provided information about handling complaints from patients.
- Information for patients about the service was available on the provider's website and in various patient leaflets, which included associated costs.

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

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

# Summary of findings

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- The local management team had the capacity and skills to deliver high-quality, sustainable care.
  - The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
  - There were clear responsibilities, roles and systems of accountability to support good governance and management at both a local and organisational level.
  - The service engaged and involved patients and staff to support high-quality sustainable services.
  - The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.
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# Bupa Health and Dental Centre - West End

## Detailed findings

### Background to this inspection

Bupa Health and Dental Care – West End operates at 53 Mortimer Street, London, W1W 8HR. The provider is registered with the CQC to carry out the regulated activities diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures. The service provides private GP-led consultations, health assessments, dermatology and musculoskeletal services. The provider has an in-house dental suite offering preventive, specialist and cosmetic dental and hygienist services at the same location. Some of the services are provided under corporate healthcare and employment arrangements or medical insurance, although there are patients who pay for their own private healthcare. Patients can be referred by the provider to other services for diagnostic imaging and specialist care.

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 services 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 – West End are exempt by law from CQC regulation. Therefore, we were only able to inspect the regulated activities as part of this inspection.

This inspection focused on GP consultations, health assessments and dermatological procedures, including

mole removal. The report of the dental services, 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).

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

The service offers pre-bookable face-to-face private GP, dermatology and health assessment appointments for adults over the age of 18. The service is open from 7.45am to 6pm on Monday, Tuesday, Friday and Saturday and from 7.45am to 8pm on Wednesday and Thursday.

Patients requiring advice and support outside of those hours are advised to use the NHS 111 service. The services does not manage the ongoing care and review of patients with long-term conditions as part of its GP services.

The centre manager was responsible for the day-to-day running of the centre and was supported by a lead GP and a health advisor and administration team manager. The team included nine health advisors and three administration staff. The service engaged 10 regular sessional GPs, two sessional dermatologists and a dermatology nurse.

The inspection of the health services was led by a CQC Lead Inspector who was accompanied by a GP Specialist Advisor.

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection we spoke with the centre manager, lead clinician, GPs, health

## Detailed findings

advisor, property manager and administration staff. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses, patient survey results and complaints.

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

- The provider had a safeguarding policy in place to provide staff with information about identifying, reporting and dealing with suspected abuse of children, young people and adults. The provider saw patients aged 18 and over only at this location.
- There was a lead for safeguarding and all staff we spoke with knew who this was and demonstrated they understood their responsibilities if they had any safeguarding concerns.
- We saw evidence that the safeguarding lead and the clinicians had been trained to safeguarding children level 3 and health advisors to safeguarding children level 2. Non-clinical staff had undertaken the organisation's safeguarding vulnerable people module on its training platform. The centre manager and staff we spoke with were unsure if the training content included safeguarding children awareness or whether it focused only on vulnerable adults. However, staff we spoke with demonstrated an understanding of the signs and symptoms of abuse and neglect in children and were able to give examples.
- There was a chaperone policy and employed staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. 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.
- Recruitment and recruitment checks were coordinated at an organisational level. We reviewed three personnel files and found that the appropriate checks had been undertaken prior to employment. For example, proof of identification, written references, professional registration, indemnity and appropriate DBS checks. The provider had a system in place to ensure staff in direct patient contact were up-to-date with the Hepatitis B immunisation. However, there was no record maintained of other routine immunisations in line with Public Health England (PHE) guidance.
- The service engaged a contract cleaning company and we observed the premises to be clean and tidy. However, we found the cleaning storage area was cluttered and the storage of colour-coded mops and buckets posed a potential risk of cross-contamination. During our inspection the provider addressed this and installed wall-mounted brackets for the appropriate storage of mops.
- There was a system in place to manage infection prevention and control (IPC). The service had an IPC policy in place, which was accessible to staff, and undertook quarterly IPC audits. The centre manager was the nominated IPC lead but had not undertaken any enhanced training to support them in this extended role. We saw that clinical staff had undertaken IPC training as part of the provider's mandatory training schedule but this did not include non-clinical staff. However, we saw evidence that IPC was included as part of staff induction. After the inspection the service told us that IPC training had been added to the mandatory training requirements for non-clinical staff.
- We observed that consulting rooms had information displayed on good handwashing techniques, how to deal with a sharps injury and was well equipped with personal protective equipment and appropriate clinical and non-clinical waste disposal facilities. We saw hand sanitising facilities around the centre. Clinical and non-clinical staff we spoke with knew the location of bodily fluid spill kits.
- The service ensured that equipment was safe and maintained according to manufacturers' instructions. We saw evidence that portable appliance testing (PAT) had been undertaken in June 2018 and calibration of medical equipment had been undertaken in May 2018.
- The service had arrangements to ensure that premises and facilities were safe and in good working order. Maintenance was overseen by a property manager and we saw evidence of a comprehensive maintenance schedule which included lift, fire alarm warning system and fire-fighting equipment. We saw evidence that the fire alarm warning system was tested weekly and evacuation drills were undertaken every six months.
- We saw that various risk assessments had been undertaken including fire, health and safety, premises and security, Control of Substances Hazardous to Health

# Are services safe?

(COSHH) and Legionella, including monthly water temperature testing. We saw that remedial action identified from risk assessments had been undertaken and recorded.

- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- The service had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines. All staff had received annual basic life support training.
- Clinical staff we spoke with knew how to identify and manage patients with severe infections, for example, sepsis. We saw that sepsis guidance was displayed in the centre. Non-clinical staff we spoke with had received guidance on identifying deteriorating patients, including signs and symptoms of sepsis, and action to take.
- There was a defibrillator, oxygen with adult and children's masks and emergency medicines appropriate to the service and we saw that these were checked regularly.
- There was a panic alarm system in each consultation room.
- Doctors had professional indemnity insurance that covered the scope of their private practice.
- The clinic had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which included contact details of staff.
- The provider had sufficient staffing resources, both clinical and administrative, to meet the service requirements. There were arrangements for planning and monitoring the number of staff needed and clinical rotas were planned in advance.

## Information to deliver safe care and treatment

- We saw that individual care records were written and managed in a way that kept patients safe. Patient records were stored securely using a bespoke clinical system with password protected access for staff appropriate to their role.
- The service had a policy and system in place to manage pathology results and we saw these were actioned in a timely manner. The service undertook near-patient

blood testing (an investigation taken at the time of the consultation with instant availability of results to make immediate and informed decisions about patient care) which included blood glucose and cholesterol testing. For any results of concern, a blood sample was sent to a professional laboratory for further analysis.

- The provider had systems for sharing information both internally and with other agencies to enable them to deliver safe care and treatment.
- The service did not have a formal process or protocol in place to identify and verify a patient's identity at the start of the first and subsequent consultations. The provider told us the majority of its patient appointments were arranged under corporate healthcare, employment arrangements or medical insurance where identity was verified. The provider did not see patients under the age of 18 years of age.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable.

## Safe and appropriate use of medicines

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

- All private prescriptions were processed electronically and signed by the prescribing doctor.
- The GPs we spoke with demonstrated that they prescribed or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service did not prescribe any controlled drugs.
- The provider had audited its prescribing, including antibiotic prescribing.
- The service did not dispense any medicines or hold any controlled drugs.
- The service did not stock any medicines requiring refrigeration. However, reagents used in near-patient blood testing were stored as per manufacturer's instructions at between 20C and 80C. We noted that the refrigerator was checked daily and the minimum and maximum temperature recorded but this did not include the actual temperature. The service told us this was in line with local and organisational policy. We reviewed record sheets for three months and noted that minimum and maximum temperatures had been recorded consistently within 20C and 80C. The day after the inspection the provider sent evidence that actual



# Are services safe?

temperatures were now being recorded and temperature data loggers (a portable measurement instrument capable of autonomously recording temperature over a defined period of time) had been procured in line with guidance. We received notification that policy would be changed at organisational level to reflect cold chain guidance.

## 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.
- The service maintained an electronic log of all incidents and complaints.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The provider demonstrated its system for recording and acting on incidents and significant events. There was an incident policy and all categories of incident were recorded on its incident reporting and risk management software.
- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Staff had undertaken risk culture and incident management training which formed part of the organisation's mandatory training schedule.
- We reviewed two clinically-related incidents and saw that the service had adequately reviewed and investigated when things went wrong, took action to improve safety and shared outcomes with staff.
- Staff we spoke with told us the service encouraged a culture of openness and honesty. They were aware of the requirements of the Duty of Candour, had access to the policy and guidance on the organisation's 'speak up' initiative which enabled staff to use a confidential hotline to raise a concern.
- There was a system for receiving and acting on safety alerts and the service was able to share examples of recent alerts relevant to the service and action taken.

# 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

GPs we spoke with demonstrated they assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE).

- The provider captured patient information and consultation outcomes on a bespoke clinical system. We reviewed examples of medical records which demonstrated that patients were fully assessed and received care and treatment supported by clear clinical pathways and protocols.
- GPs we spoke with told us they advised patients what to do if their condition got worse and where to seek further help and support.

### Monitoring care and treatment

- There was evidence of quality improvement, including clinical two-cycle audits. The audit schedule was set at an organisational level and not identified at a local level. We saw that audits had been undertaken for prescribing, referrals, chest x-rays and pathology. GPs we spoke with told us they undertook their own cervical screening outcome audits.
- The service routinely undertook notes reviews and provided feedback to clinicians.
- The service had systems in place to monitor and follow-up on pathology results.
- The service had a system in place to gather feedback from patients on an on-going basis. Data reviewed for the period April to June 2018 was positive about the service.

### Effective staffing

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

- We saw evidence that all clinical staff were registered with their appropriate professional body, for example, the General Medical Council (GMC).
- We saw evidence that all sessional doctors engaged by the service had a current responsible officer (all doctors working in the United Kingdom are required to have a

responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practise). All doctors were following the required appraisal and revalidation processes and were required to provide evidence to the service of an up-to-date NHS annual appraisal.

- The provider maintained up-to-date records of training for both employed staff and sessional GPs. The provider had mechanisms in place to alert it to when up-date training was required. Staff had access to training with protected time.
- There was an induction programme for new staff which was tailored to individual roles and included an overview of the organisational structure, vision and core values, infection prevention and control, health and safety, fire awareness and safety, accident and incident reporting and resuscitation procedure.
- The service provided staff with ongoing support which included clinical supervision, appraisals and clinical meetings.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

- Staff confirmed they referred patients to a range of specialists if they needed treatment not provided by the service.
- The service had systems and processes in place for referring patients with suspected cancer under the national two-week wait arrangements.
- The service had systems in place to monitor and follow-up on referrals to ensure they were dealt with promptly.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable.

### Supporting patients to live healthier lives

The service told us they were proactive in helping patients to live healthier lives.

# Are services effective?

(for example, treatment is effective)

- Patients were provided with health and lifestyle information and advice. We saw that patients had access to confidential help lines, for example, mental health and wellbeing.
- Health screening packages, designed for different age groups and gender, were available to patients and included an assessment of lifestyle factors.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. Patients were able to log on to an individual and personalised health portal to review their results and health screening report. The portal included videos, articles and coaching to achieve health goals, for example, weight loss. Patient feedback data following health screening assessment showed that 82% of patients felt they had changed their lifestyle for the better and 75% said they had seen an improvement in their health and wellbeing.

- Patients were encouraged to undergo regular health screening such as breast and cervical screening tests.

## **Consent to care and treatment**

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

- All staff we spoke with understood and sought patients' consent to care and treatment in line with legislation and guidance. We saw examples of written consent.
- We were told that any treatment, including fees, was fully explained to the patient prior to the procedure and that people then made informed decisions about their care. There were patient brochures available which outlined the services offered and associated cost.

# Are services caring?

## Our findings

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

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

- We observed that staff treated service users with kindness, respect and compassion.
- Arrangements were in place for a chaperone to be available, if requested.
- We were unable to speak with patients on the day of the inspection. However, we made CQC comment cards available for patients to complete two weeks prior to our inspection. We received a total of four comments cards, all of which were positive about the service experienced. Patients commented that the service was caring and supportive and staff were professional.
- The provider regularly sought feedback from patients on how likely they would recommend the service on a scale of zero (not at all likely) to 10 (extremely likely). We saw that for the period April to June 2018, 183 patients had given feedback of which 90% had rated the service a score of between eight and 10.

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

- The service gave patients clear information to help them make informed choices which included the cost of services.

- The service had access to an interpreter services for patients whose first language was not English. However, not all staff we spoke with on the day knew how to access this.
- There was an induction hearing loop available to aid those patients who were hard of hearing.

### **Privacy and Dignity**

- Staff we spoke with recognised the importance of patients' dignity and respect.
- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations and conversations could not be overheard.
- The service had data protection policies and procedures in place and there were systems to ensure that all patient information was stored and kept confidential. The service had acted in accordance with General Data Protection Regulation (GDPR). We saw evidence that staff had undertaken relevant training and had access to guidance. The service was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.

# 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 met patients' needs through the way it organised and delivered its services. It took account of patient needs and preferences and offered convenient appointments, six days a week at its central London location.

- The facilities and premises were appropriate for the services delivered and included accessible facilities.
- All patients presented to reception and checked in. Patients were collected personally by the clinical staff from the waiting area.
- Information about the service portfolio was on the provider's website and within a selection of patient leaflets, which included a breakdown of associated cost.

### Timely access to the service

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

- The service offered pre-bookable face-to-face GP and health assessment appointments for adults over the age of 18. Appointments could be booked on-line or by telephone. Patients could access the service 7.45am to 6pm on Monday, Tuesday, Friday and Saturday and from 7.45am to 8pm on Wednesday and Thursday.

### Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- The service had a complaints policy and there were procedures in place for handling complaints. This included timeframes for acknowledging and responding to complaints with investigation outcomes.
- There was a designated responsible person to handle all complaints.
- The service recorded written and verbal complaints, of which there had been 20 in the last year. We found that they were satisfactorily handled in a timely way and we saw evidence of learning. For example, the provider reviewed and updated its referral database after a patient was incorrectly referred to a service. We saw that this had also been reported and discussed as an incident.

# 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 the service was providing well-led care in accordance with relevant regulations.

### Leadership capacity and capability

- The management team had the experience, 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.
- Staff we spoke with told us the management team was accessible and approachable and felt everyone worked together.

### Vision and strategy

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

- The provider shared with us its seven core values: passionate, caring, open, authentic, accountable, courageous and extraordinary. Staff told us the values shaped the way they behaved and delivered the service. The values were encompassed in the Bupa code which guided staff on living the values every day and to deliver its mission statement to 'help people live longer, healthier, happier lives.

### Culture

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

- Staff we spoke with told us they felt respected, supported and valued. All staff we spoke with gave positive feedback about working at the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Staff we spoke with told us the service encouraged a culture of openness and honesty and had access to the policy and guidance on the organisation's 'speak up' initiative which enabled staff to use a confidential hotline to raise a concern.
- There were processes for providing all staff with the development they need. This included induction, training and appraisals.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management at both a local level and organisation level.

- There was a clear management and staffing structure and staff we spoke with told us they were aware of the management structure and their own roles and accountabilities within the service. We saw staff had lead roles, for example, infection prevention and control, complaints and safeguarding.
- There was a detailed operational structure, allowing for oversight and effective governance, which included clinical and non-clinical staff meetings.
- All staff had access to operational policies and procedures.

### Managing risks, issues and performance

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

- The provider had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audits of their consultations, prescribing and referrals.
- The service maintained oversight of incidents and complaints at a local level, which were also monitored and reviewed at an organisational level to ensure that learning was widely shared.
- Clinical audit was used to monitor care and outcomes for patients.
- The service held regular clinical and team staff meetings.
- There was an induction programme for newly appointed staff and we saw annual appraisals had been undertaken.
- Training needs were monitored and highlighted using the provider's mandatory training platform. There was a set range of mandatory training areas staff were required to undertake.
- The service could demonstrate premises risk assessments which included health and safety and fire.
- Patient satisfaction was monitored through patient feedback which was encouraged by the provider.
- The provider had plans in place to deal with major incidents and medical emergencies. All staff had been trained in basic life support and emergency equipment and medicines were available at the location.

# Are services well-led?

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

## **Appropriate and accurate information**

Appropriate, accurate information was effectively processed and acted upon.

- Patient consultations and treatments were recorded on a secure bespoke clinical system.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The provider submitted data and notifications to external organisations as required.

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

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

- The service encouraged and valued feedback from patients and had a system in place to gather feedback from patients on an on-going basis.
- The provider actively engaged with staff through one-to-one meetings and appraisals.

- There was a centre newsletter which enabled staff to contribute articles and recipes and included social events. The centre ran an employee recognition award which encouraged staff to vote for colleagues.
- Staff had access to a confidential employee assistance programme, which gave staff access to a confidential helpline for advice on personal, emotional and health matters.
- The centre undertook a quarterly anonymous staff survey. Staff told us the service responded to feedback from the team and some changes had been implemented as a result. For example, new staff lockers.

## **Continuous improvement and innovation**

There was a focus on continuous learning and improvement at all levels within the service. The organisation made use of internal reviews of audits, incidents and complaints and consistently sought ways to improve the service. Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and staff surveys. There was a focus on openness and honesty and staff had access to the organisation's 'speak up' initiative.