

MSI Reproductive Choices Vasectomy Services

Inspection report

Zeta House, Axis 4/5
Woodlands, Bradley Stoke
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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 to people's needs?		Good	
Are services well-led?		Outstanding	

Overall summary

This service is rated as Good overall.

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? – Outstanding

We carried out an announced comprehensive inspection at MSI Reproductive Choices Vasectomy Services. It was the first inspection since the registration in 2018.

MSI Reproductive Choices Vasectomy Services provides vasectomy consultation, procedure and post-operative care to private and NHS-funded clients.

The Head of Contraception Services for MSI Reproductive Choices 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 found the service to be Good overall.

Our key findings were:

- The service provided care in a way that kept clients safe and protected them from avoidable harm.
- Clients received effective care and treatment that met their needs.
- Staff dealt with clients with kindness and respect and involved them in decisions about their care.
- Clients had access to timely care and treatment.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.

We saw the following outstanding practice:

- The service adopted a comprehensive safeguarding process, including a Safeguarding Proforma, which gave clients a safe space and time before the procedure to raise any concerns.
- A counselling service was available to both clients and staff, additionally, it was the services' policy that every client under 25 years old had at least one counselling session before going ahead with the procedure. This service had no time limitation.
- The service adopted an organisational and local risk register. All risks were assessed, monitored and managed by a risk owner and known to all staff.
- There was a compliance monitoring programme in place that took all risks into account and consisted of a number of comprehensive audits and additional checks.

Overall summary

- An external consultant who had expert knowledge in vasectomy and was a member of the Association of Surgeons in Primary Care (ASPM) was commissioned by the service and offered them advice and challenge in regard to the service's policies, procedures and processes.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector, who visited the service on the 17th and the 19th of August 2022. The team included a CQC specialist adviser, who visited the service on the 17th of August 2022.

Background to MSI Reproductive Choices Vasectomy Services

MSI Reproductive Choices Vasectomy Services provides vasectomy services and consultation. Their registered provider is MSI Reproductive Choices. They are a Doctors' treatment service registered with CQC on 20 March 2018 to provide Diagnostic and screening procedures and added regulated activities of Surgical procedures and treatment of disease, disorder or injury from 1 April 2018.

The service is located at Zeta House, Axis 4/5, Woodlands, Bradley Stoke, Bristol, BS32 4JT. That is the main location and main administration address. Regulated activities are not provided at this location.

MSI Reproductive Choices Vasectomy Services provides its services from 22 community treatment centres across the United Kingdom and 29 centres in total in Bedford, Frimley Green, Woking, Dagenham, Hartlepool, Isle of Wight, Medway, Middlesbrough, Nuneaton, Oxford, Stroud, Stockton on Tees, Stratford-upon-Avon, Swindon, South Shields, Toddington, Ipswich, Sheffield, Hammersmith, Hemsworth, Paulton, Huddersfield, Hemel Hempstead, Waterloo, Lewisham, Colchester, Pontefract, Central London. These community treatment centres operate as satellites. Satellites are not separate locations, clients from the same registered list can be seen or treated at satellites. All satellites have been listed in the provider's statement of purpose. Hammersmith, Huddersfield, Hemel Hempstead, Waterloo, Lewisham, and Colchester are all LARC Only clinics

The service is also provided from seven MSIUK treatment centres: Bristol, West London, South London, Essex, Maidstone, Manchester and Leeds. These treatment centres have separate CQC locations.

The opening hours vary by location. Most vasectomy clinics are open one or two times a month, from Monday to Sunday from 9 am to 4 pm.

The service provides a 24/7 post-operative advice phone line and there's always a clinician on-call and callbacks are provided if needed.

Website: <https://www.msichoices.org.uk/other-services/vasectomy>

As part of this inspection we have visited the main location address at Zeta House, Axis 4/5, Woodlands, Bradley Stoke, Bristol, BS32 4JT and Stroud Vasectomy Community Treatment Centre at Stroud General Hospital, Trinity Road Stroud, Gloucestershire, GL5 2HY.

How we inspected this service

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. We gathered and reviewed information before the inspection by asking the provider to send us a provider information return (PIR) and conducting staff interviews using video conferencing.

We then conducted a short site visit to the administration's main address and clinical site separately. We reviewed samples of client records and observed the service being provided.

To get to the heart of clients' 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:

- The provider had safety systems and processes in place,
- Risk to clients was assessed, monitored and updated on regular basis,
- The medicines were managed safely and appropriately,
- There was a record of the service learning from incidents where things went wrong.

We saw the following outstanding practice:

- The use of a safeguarding proforma developed in partnership with a third sector agency, The ManKind.

Safety systems and processes

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

- The service had a comprehensive safeguarding process in place. This included a safeguarding proforma, which included questions about the client's mental health, alcohol and drug use, decision making and domestic abuse. This document had been developed through working in partnership with The ManKind (a charity that focuses on male domestic abuse). Before the vasectomy procedure, each client had one on one time with a clinician. This gave them space and time to discuss any worries, and check whether they need any additional support and are not being coerced into the procedure. The staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and were aware of who the safeguarding lead was.
- There were Transgender and Care for Clients with Learning Disabilities and/or Autism policies in place. The provider used case studies to further support and improve the comprehensive safeguarding process.
- The provider conducted a comprehensive new premises vasectomy checklist for each of their community treatment centres to ensure that the site was safe and fit for purpose. The provider requested and stored relevant documents for assurance. For example, they collected local cleaning policies, business continuity plans and fire risk assessments. Each satellite site had orientation booklets, which included information about waste management, storage of equipment and stock and fire procedures specific to the processes of the building they were operating from.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable) checks and where needed DBS risk assessment was put in place and a DBS item was added to the organisation's risk register.
- There was an effective system to manage infection prevention and control (IPC). The provider had an IPC policy in place and they had conducted regular audits. They had additional protocols in place including: safe handling and disposal of sharps bins, decontamination and cleaning of the environment, and legionella and COVID-19 standard operating procedure in response to the pandemic.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to clients

Are services safe?

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

- The service had arrangements for planning and monitoring the number and mix of staff needed. At each clinic, there were two vasectomy care assistants, a nurse and a surgeon present who provided care and treatment to clients during the day.
- The provider had appropriate indemnity arrangements in place, including employers and public and product liability.
- There was an effective induction system for staff tailored to their role. Each member of staff had “A Passport for Vasectomy” an observed and structured clinical assessment personalised to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage clients whose symptoms worsened. One of the most common side effects of the procedure, fainting, was put on the organisational risk register and all staff we spoke with were aware of this risk. There were four most common risks identified: fainting, COVID-19, clinical complications and the health and safety risk to clients and staff.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there were appropriate risk assessments and mitigation arrangements for the satellite clinics.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept clients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. There were additional safety checks for clients over the phone. Each client had to set up a password and PIN individual to prevent unauthorised access to their records.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment were in place. The only medicine that was routinely administered to clients was Lidocaine 2% (a local anaesthetic). The vasectomy surgeon did not prescribe any other routine medicines. Clients were encouraged to take pain relief before and after the procedure but were referred to their own GP if they required additional medicines.
- The service carried out emergency equipment checks before each session at clinics to ensure emergency equipment, including emergency medicines were kept in line with best practice guidelines.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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.

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- The service had a comprehensive risk register in relation to safety issues. It was kept at both organisational and local levels.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events, which the service referred to as "serious incidents". Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. There were multiple channels to share information with staff members, for example, weekly meetings quarterly meetings (e.g.: Clinical Effectiveness Group, Integrated Governance Committee), newsletters and bulletins and daily huddles at each clinic.
- The service confirmed they have not had any serious incidents in the last 12 months as defined by the NHS Serious incident framework. Other incidents that did not meet this threshold were still recorded via the Datix system (a system collecting and managing data on adverse events) and had recorded four at a moderate level and 33 as minor. Examples include haematomas and post-procedure infections which are a known risks.
- 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.
- The service used the Genesys telephone system, which allowed them to record calls and review them if needed. This was used to learn from incidents and provide feedback to the team members.

Are services effective?

We rated effective as Good because:

- The service provided effective care and treatment.
- Staffing was kept at appropriate levels and staff felt supported and valued.
- The service obtained consent in line with current legislation

We saw the following outstanding practice:

- Clients had support and counselling service was available to them before and after procedure and was not time-limited.
- The service worked with The ManKind initiative charity to spread awareness and knowledge about male victims of domestic abuse.
- There was a compliance monitoring programme in place that took all risks into account and consisted of a number of comprehensive audits and additional checks. This allowed the service to monitor and improve quality of care.

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).

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The client's immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical well-being.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed clients' pain where appropriate. The service has also made improvements in managing clients' pain, including vocal local pain management (a non-pharmacological technique based around distraction from pain and reduction of anxiety), using EMLA cream (medicine belonging to a group of local anaesthetics) for needle-phobic clients and recommending for clients' to take painkillers pre- and post-procedure.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service commissioned an external consultant, a member of the Association of Surgeons in Primary Care (ASPM) and who was taking part in the internal Medical Advisory Committee (MAC). The surgeon reviewed services policies and procedures and offered their opinion. This ensured external checks and challenges, which meant the service was improving its services as advised.
- The service monitored clinical complications continuously. For example, the service identified that from April to June 2022 38 out of 1710 clients experienced complications post-procedure (including haematoma, long-term pain or infection) which was equivalent to 2.2% of the clients. The service monitored this percentage regularly and noted that 2.2% was within national rates for post-procedure complications. The service also provided a breakdown of the complications for monitoring purposes (infections 1.5%, haematoma 0.5% and unmanageable pain 0.2%).
- The service made improvements through the use of completed audits. The provider had an extensive audit programme called the Compliance Monitoring Programme (CMP). This included audits of personal protective

Are services effective?

equipment and infection control, hand hygiene, health and safety and record keeping. These were consulted and added to the Local Service Improvement Plan and reminders were sent out to act appropriately in a timely manner. They were also regularly reviewed and outcomes and actions were discussed at Local Integrated Governance Meetings.

Effective staffing

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

- All staff were appropriately qualified. The provider had a bespoke induction programme for all newly appointed staff called “iBelong”.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. The service used a system called “iLearn”, which sent out reminders to staff ahead of qualifications expiring and the managers used to run a weekly report to check staff’s compliance.
- Staff were encouraged and given opportunities to develop. Alongside “iLearn” the service also offered “iAspire” and “iManage” platforms providing managerial development opportunities. The staff had multiple prospects to learn and progress within the organisation.

Coordinating client care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Clients received coordinated and person-centred care. Staff referred to, and communicated effectively with other services when appropriate. For example, following the procedure and obtaining the client’s consent, a letter was sent to their GP informing their practice of the procedure.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the client’s health, any relevant test results and their medical history.
- All clients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service.
- Care and treatment for clients in vulnerable circumstances were coordinated with other services.

Supporting clients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to clients and where appropriate highlighted to their normal care provider for additional support.
- Where clients’ needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service had an in-house counselling service available to all clients. For clients under 25 one counselling session was obligatory to attend before the procedure. All clients were made aware of this service being available and were encouraged to use it. The clients could also use this service with no limit, even years after the procedure should this be required.

Are services effective?

Consent to care and treatment

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

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

Are services caring?

We rated caring as Good because:

- Staff treated clients with kindness, respect and compassion.
- Clients were involved in decisions about their care and treatment.

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care clients received.
- Feedback from clients was positive about the way staff treat people. 99% of responses the service had collected were positive. The service had monthly meetings discussing client feedback and assessing actions that needed to be taken to make improvements.
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude toward all clients.
- The service gave clients timely support and information. This included a 24/7 post-operative advice phone line, a clinician was on-call and callbacks were provided to clients if needed.

Involvement in decisions about care and treatment

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

- The service had an Accessible Information Standards process in place. Every client was assessed individually at an initial call, additional needs were discussed and appointments were tailored to meet their needs. For example, the service used interpretation services, including British Sign Language and hearing loops.
- Interpretation services were available for clients who did not have English as a first language.
- For clients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- At the time of the inspection, the service was working on revising the information booklet. Once this was completed easy-read versions would be produced for individuals with learning difficulties.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service acted on clients' ongoing needs,
- Clients had access to timely care and treatment,
- The service acted on complaints.

Responding to and meeting people's needs

The service organised and delivered services to meet clients' needs. It took account of client needs and preferences.

- The provider understood the needs of their clients and improved services in response to those needs. For example, due to feedback from a number of clients about the specific smell at the procedure additional ventilation aids have been added to reduce the discomfort to clients. The service had also changed the wording in their vasectomy booklet due to feedback received around pre- and post-procedure pain relief and pain expectations.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

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

- Clients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were rare, however, if needed, were undertaken in a timely way.
- The service used WebChat as an additional means of communication for clients who needed to contact the call centre.
- The service provided "non-contract approval". If a client outside of the contracted area contacted the service, the Business Development Manager would request the relevant Clinical Commissioning Group for approval to treat the client outside of the area.
- The service provided support to National Health Service during the pandemic and continued to support it to help with the NHS waiting list.
- In response to the demand and tackling the waitlist, the service had expanded its services by opening up six new sites and seven new contracts in the last two years.
- The service had a Post-Vasectomy Semen Analysis (PVSA) Team, which was due to change their PVSA times from 12 to 16 weeks in accordance with NHS England and the Association of Surgeons in Primary Care (ASPC).

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.

- Information about how to make a complaint or raise concerns was available. The staff treated clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services responsive to people's needs?

- The service had a complaint policy and procedures in place. We saw examples of complaints being responded to in a timely manner, investigated in full and comprehensive response and apologies given to clients where appropriate.
- The service learned lessons from individual concerns, complaints and analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Outstanding because:

- There was a strong emphasis on providing good quality care and the service endeavoured to improve care and treatment.
- The staff had access to support and training tailored to their roles. Staff were encouraged to develop and there were opportunities available for them to progress in their careers.
- The vision and strategy were known to the staff and the service acted accordingly with their values.
- The service assessed, managed and monitored risk to clients with a comprehensive risk register. The service used both organisational and local risk registers and each case had a risk owner, who took responsibility for completing actions. Through that, we were assured that all risks were assessed, monitored and managed effectively.
- The service had comprehensive safeguarding processes and procedures in place. They took extra precautions when safeguarding clients by assessing each client with a tailored Safeguarding Proforma, that was developed through a partnership working with The ManKind charity.
- Counselling service was available for both clients and staff members and was not time limited.
- The service had a culture of high-quality sustainable care which was supported by a comprehensive compliance monitoring programme.
- There was a strong emphasis on staff's well-being and supporting them to exceed in their roles and beyond.
- The service worked closely with relevant stakeholders and continued to improve the care and treatment of their clients.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, for mandatory training aspirational target was 95%. For vasectomy services, the overall compliance was at 92% at the time of the inspection. The provider told us about protected time and overtime that is offered to staff for the outstanding training. The outcomes were closely monitored on weekly basis and reminders were sent to staff to ensure oversight.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy. With robust compliance monitoring programme all risks were assessed, monitored and managed appropriately.

Culture

Are services well-led?

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of clients.
- Leaders and managers acted 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 told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The service adopted Menopause Policy, which supported staff members experiencing menopause. Additionally, adjustments and support were offered by the managers.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Additionally, all staff members had a mid-year review. Both meetings were recorded, objectives set and evaluation of these were a part of the conversation.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The staff had access to a counselling service that was available to clients as well. Additionally, the staff's well-being was supported by Mental Health First Aiders, an Employee Assistance Programme, "iMatter" platform and cognitive behavioural therapy, for those who felt they needed it.
- The service actively promoted equality and diversity. It identified and addressed the causes of workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- The provider showed us examples of supporting their clients, who needed additional support. We saw examples of additional mental health needs being recognised through the safeguarding proforma and welfare checks completed following the initial assessments. For those cases, the service reached out to the client's GPs (with their consent) to ensure ongoing care had been provided.

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 set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and coordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to client safety. The provider held a risk register, which included the four most common risks: fainting and COVID-19, clinical complications and health and safety risk.
- The service had processes to manage current and future performance. The performance of clinical staff could be demonstrated through an audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The clinical audit had a positive impact on the quality of care and outcomes for clients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.
- The service had a Freedom to Speak up Guardian in place.
- The service put additional data security checks in place. The service had Exceeds Standards in DSP Toolkit and Cyber Essentials Plus certification.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information were used to ensure and improve performance. Performance information was combined with the views of clients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care were accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were comprehensive arrangements in line with data security standards for the availability, integrity and confidentiality of client-identifiable data, records and data management systems. For example, the service achieved Exceeds Standards in Data Security and Protection Toolkit (an online self-assessment that allows organisations to measure their performance against national security standards).

Engagement with clients, the public, staff and external partners

The service involved clients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, clients, staff and external partners and acted on them to shape services and culture. For example, the service had regular contact with an external consultant, a member of the Association of Surgeons in Primary Care (ASPC) and who was taking part in the service's Medical Advisory Committee to gain an external opinion and challenge.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service was in the process of rolling out hybrid working to all administration teams, to allow a choice between working from home and the office and not being reliant on the office.

Continuous improvement and innovation

Are services well-led?

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.