

Bupa Occupational Health Limited

Bupa Centre - Bristol

Inspection report

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Bupa Centre - Bristol
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Overall summary

We carried out an announced comprehensive inspection on 9 December 2015 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 services in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

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

Background

BUPA Centre-Bristol is a private health screening centre. BUPA Centre-Bristol also provides an occupational health service to local companies and an independent doctor consultation service. There is a registered medical practitioner providing consultation and treatment which may include providing consultation and or treatment remotely. For example via the telephone or internet (including FaceTime or SKYPE).

The centre also has an in house dental suite offering general dentistry and a dental hygienist.

The service hosts various specialist health care consultant services such as dermatology and orthopaedics. There is a musculoskeletal service with a physiotherapy department able to offer a variety of services including ultrasound. They have an onsite biochemistry blood and urine testing service. The services are available to the wider population of Bristol and it undertakes between 200- 500 consultations per month.

The core hours for the service are :

Monday 8am-8pm

Tuesday 8am-6pm

Wednesday 8am-7.30pm

Thursday 7.30am-6pm

Summary of findings

Friday 8am-6pm

Out of hours dental patients are advised to use the 111 service.

The staff employed at the centre included:

Health Screening Doctors (4 sessional doctors (female and male) which offers choice to patients)

Health Advisers (6 staff trained in phlebotomy, ECG and to give health advice)

Dermatologist (sessional basis)

Musculo – skeletal Physician (3 sessional staff)

Physiotherapist

Chiropractor

Administration (7 staff)

Dentist (2 sessional staff)

Dental Nurse

Dental Hygienist (sessional basis)

The centre manager 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 obtained feedback about the service from 12 comment cards where patients and members of the public shared their views and experiences of the service.

The observations made by patients on the comment cards were all positive and reflected satisfaction with the service.

We found the service had met the regulations and had in place robust systems and protocols for staff to follow which kept patients safe.

Our key findings were:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- All consultation rooms were well organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly, including the dental suite equipment and blood screening equipment.
- Clinicians regularly assessed patients according to appropriate guidance and standards.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Risks to patients were well managed for example, there were effective systems in place to reduce the risk and spread of infection.
- Staff were kind, caring, competent and put patients at their ease.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

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 in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were appropriate for the provision of care and treatment with a good staff skill mix across the whole service. Risk management processes were in place to manage and prevent harm. Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and to whom to report them. We found the equipment and premises were well maintained with a planned programme of maintenance.

Are services effective?

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

The service provided evidence based care which was focussed on the needs of the patients. Consultations were carried out in line with best practice guidance such as that from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their health needs which included their medical history. We saw examples of effective and collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff who were registered with a professional body such as the General Medical Council (GMC) had opportunities for continuing professional development (CPD) and were meeting the requirements of their professional registration. Staff demonstrated a thorough understanding of the Mental Capacity Act 2005.

Are services caring?

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

Feedback from patients spoken with and through completed comment cards was positive about their experience at the service. Patients told us they were listened to, treated with respect and were involved in the discussion of their treatment options which included any risks, benefits and costs. Patients were contacted after consultations for feedback. Patients who required emergency dental treatment were responded to in a timely manner and whenever possible on the same day. We observed the staff to be caring and committed to their work. Patients said staff displayed empathy, friendliness and professionalism towards them. We found staff spoke with knowledge and enthusiasm about their work and the team work at the service.

Are services responsive to people's needs?

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

Patients could access routine assessments, routine and urgent GP consultations or dental care when required. Patients told us through comment cards the staff were very responsive in supporting those patients who were particularly anxious or nervous to feel calm and reassured. The service had made reasonable adjustments to accommodate patients with a disability or impaired mobility. The service handled complaints in an open and transparent way and apologised when things went wrong. The complaint procedure was readily available for patients to read in the reception area and on the service's website.

Are services well-led?

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

Summary of findings

There was a management structure in place and staff understood their responsibilities. The registered manager was always approachable and the culture within the service was open and transparent. Staff were aware of the organisational ethos and philosophy and told us they felt well supported and could raise any concerns with the provider or the registered manager. There were effective clinical governance and risk management structures in place. There was a pro-active approach to identify safety issues and to make improvements in procedures. The service assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. The service sought the views of staff and patients. The registered manager and provider ensured policies and procedures were in place to support the safe running of the service. Regular staff meetings took place and these were recorded.

Bupa Centre - Bristol

Detailed findings

Background to this inspection

We inspected this service as part of our new comprehensive inspection programme 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an announced comprehensive inspection at Bupa Centre - Bristol on 9 December 2015 as part of the independent doctor consultation service inspection pilot.

Our inspection team was led by a CQC Lead Inspector accompanied by a GP Specialist Advisor, a dental Specialist Advisor and a second CQC inspector.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. Prior to the inspection we reviewed the last inspection report from 30 October 2013, any notifications received, and the information provided from pre-inspection information request.

We informed NHS England and Bristol Clinical Commissioning Group we were inspecting the service; however we did not receive any information of concern from them.

During our visit we:

- Spoke with a range of staff including a dental nurse, health advisors, a physiotherapist, administrative staff and medical practitioners.
- Observed how patients were being cared for and talked with them to obtain feedback about the service.
- Reviewed records and documents.
- Reviewed 12 comment cards where patients and members of the public shared their views and experiences of the service.
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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

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and recording incidents. Staff told us they would inform the service manager of any incidents and there was also a recording form available on the service's computer system. The service carried out a thorough analysis of the incidents and the outcomes of the analysis were shared at staff and management meetings. We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the service. For example, we read of an issue relating to coding of test results received into the service from a hospital who undertook tests on behalf of the service. The service had devised an additional checking process so that all coding was further verified by a medical practitioner before the results were shared with patients. This innovation had been shared with other services in the area in order to minimise any risk to patients.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The service kept written records of verbal interactions as well as written correspondence.

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

Reliable safety systems and processes (including safeguarding)

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements. The policies and contact information was accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and

had received training relevant to their role. We found the doctors were trained by BUPA to level 2 for safeguarding children. This was the minimum level required for non-clinical and clinical staff that had some degree of contact with children and young people. The service did not routinely offer health screening or 'GP type' services to children and young people.

A notice in the waiting room and all consultation rooms advised patients chaperones were available if required. Health advisors who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).

We found the electronic patient record system was only accessible for staff with delegated authority which protected patient confidentiality. There was an off site record back up system.

Medical emergencies

The service had adequate arrangements in place to respond to emergencies and major incidents. There was a push button alarm in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training. Emergency medicines and equipment were easily accessible to staff in a secure area of the service and all staff knew of their location. There were two locations, one of these was within the dental suite and the second location was within the main consultation room area.

The service had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included an automatic external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm) and oxygen with face masks for both adults and children. The centre also had medicines for use in an emergency in accordance with guidance from the British National Formulary. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. Records showed all

Are services safe?

staff had completed training in emergency resuscitation and basic life support. Staff we spoke with demonstrated they knew how to respond if a patient suddenly became unwell.

The service also had trained first aiders with first aid kits and an accident book available on site. We saw there were three recorded accidents over the last 12 months and where needed, action was taken to prevent reoccurrence.

Staffing

We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient's needs. There was a planning system in place to ensure enough staff were available to support patients attending for the different types of health services.

Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety. All of the staff team undertook health and safety awareness training as part of their induction. Some staff members had further delegated responsibilities for implementing health and safety at work. For example, we found the centre had been assessed for risk of fire and two fire marshals had been appointed. Fire safety equipment had been regularly serviced and records demonstrated staff had been involved in fire drills.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the centre. Risks identified included server failure and access to the building. The document also contained

relevant contact details of people to whom staff could refer. For example, contact details of the alternate services for patients to access and emergency contact numbers for staff.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The centre had followed the guidance about decontamination and infection control issued by the Department of Health, the 'Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM01-05)'. This document and the service's policy and procedures for infection prevention and control were accessible to staff.

We saw the facilities for cleaning and decontaminating dental instruments. We found there was a dedicated decontamination room with a clear flow from 'dirty' to 'clean.' The dental nurse demonstrated to us how instruments were decontaminated and sterilised. This was in accordance with the procedure for decontamination of instruments written by the organisation. We observed instruments were placed in pouches after autoclave sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results.

The centre had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the centre. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of according to the guidance.

Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near to the sink to ensure effective decontamination. There were good supplies of protective equipment for patients and staff members.

Are services safe?

Records showed a risk assessment process for Legionella with appropriate processes in place to prevent contamination such as flushing of dental unit water lines. This process ensured the

risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared clean, uncluttered and well-lit with good ventilation. There was a daily check completed in each consultation room for cleanliness and equipment by the health advisors. We saw the laboratory where the testing took place had its own programme for cleaning and monitoring for infection control. There was a good supply of cleaning equipment which was stored appropriately. The centre had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance of colour coding equipment to prevent the risk of infection spread.

Premises and equipment

The centre leased an area of a centrally located office building. Appropriate adaptations had been made to ensure the building was fit for purpose, for example, the dental suite was purpose built within the building. The landlord had responsibility for building maintenance and repair and the service had contracts and processes in place to ensure a safe environment for patients and staff.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and moving and handling of loads.

There were systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates which showed the service had an efficient system in place to ensure all equipment in use was safe, and in good working order.

There was a system in place for the reporting and maintenance of faulty equipment such as dental drill hand pieces. Records showed and staff confirmed repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients. We checked the provider's radiation protection file as X-rays were taken at the centre. We also looked at X-ray equipment at the centre and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were displayed. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The organisation had a radiation protection adviser and had appointed a radiation protection supervisor.

The building had in-built security such as CCTV and alarm systems, as well as onsite security guards.

Safe and effective use of medicines

Vaccines were stored in medicine refrigerators which were monitored daily to ensure that the medicines were stored at the correct temperature and were fit for use.

The arrangements for managing emergency medicines and local anaesthetics in the service kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription stationery was printed as needed.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

Patients who used the service initially completed an online self-assessment document which requested medical history information and included patient consent. The online submission created an individual confidential portal for each patient where they could access their health assessment and results. The clinicians undertook face to face assessments created from evidence based guidance and standards, including those issued by National Institute for Health and Care Excellence (NICE) and the General Dental Council.

The service had systems in place to keep all clinical staff up to date. Staff had access to best practice guidelines and used this information to deliver care and treatment that met patients' needs. The service monitored these guidelines were adhered to through routine audits of patient's records.

Staff training and experience

We found staff had the skills, knowledge and experience to deliver effective care and treatment. The service had a basic induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. An induction log was held in each staff file and signed off when completed which ensured staff were capable for the role to which they had been appointed. . There was also role specific induction training, for example, the dental nurse induction was related to the dental suite.

The service could demonstrate how they provided mandatory training and updating for all staff. Staff had access to and made use of e-learning training modules and in-house training. The learning needs of staff were identified through a system of meetings and appraisal which were linked to service development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. For example, the health advisors were trained to conduct health assessment tests, such as an ECG, discuss the results and provide

advice, and developed a tailored health and wellbeing plan to meet individual patient needs & goals. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

Working with other services

The information needed to plan for the delivery of services, for example, specialist dental care, was available to relevant staff (the records had different permission levels) through the service's patient record system and the service intranet system. This included patient self-assessments, clinician's assessments and records, and investigation and test results. There were monthly audits of these by the BUPA clinical lead for the region.

The service shared relevant information with the patient's permission with other services, for example, when referring patients to other services or informing the patient's own GP of any matters.

Staff worked with other health care professionals to meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital.

Consent to care and treatment

We found staff sought patients consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance (Gillick). We saw the service obtained written consent before undertaking procedures. Information about fees was transparent and available in the waiting room. The process for seeking consent was demonstrated through records and showed the service met its responsibilities within legislation and followed relevant national guidance.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed members of staff were courteous and very helpful to patients and treated patients dignity and respect.

We observed curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

We observed patients were dealt with in a kind and compassionate manner. We observed staff being polite, welcoming, professional and sensitive to the different needs of patients. Staff we spoke with were aware of the importance of protecting patient confidentiality and reassurance. They told us they could access an empty room away from the reception area if patients wished to discuss something with them in private or if they were anxious about anything.

The provider and staff explained to us how they ensured information about patients using the service was kept confidential. The service had electronic records for all patients which were held securely. The day to day operation of the service used computerised systems and the service had an external backup for this system. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality.

Involvement in decisions about care and treatment

Staff told us patient's medical status was discussed with them in respect of decisions about the care and treatment they received. We saw these discussions were always documented.

The provider told us they used a number of different methods including display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. We saw a range of information available in the service. The comments from patients indicated they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision.

We looked at some examples of written treatment plans for dental treatment and found they explained the treatment required and outlined the costs involved. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed. We were told patients who had received any complex treatments were always followed up with a telephone call by the relevant clinician to monitor their welfare.

Patients completed CQC comment cards to tell us what they thought about the service. All of the comments were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were efficient, helpful, caring and knowledgeable. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the service. The service had completed their own surveys which were not available for inclusion in this report.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The service offered flexible opening hours and appointments to meet the needs of their patients. The range of services was kept under review to meet demand. Staff reported the service scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The facilities at the centre complied with the Disability Discrimination Act 2005; they were comfortable and welcoming for patients, with a manned reception area and an inner waiting room with refreshments available for patients. The treatment and consultation areas were well designed and well equipped.

The service had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures, or test results, which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

The service was offered on a fee basis only and was accessible to people who chose to use it.

We asked staff to explain how they communicated with patients who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They could contact a telephone translation service.

The building was accessed through electronically operated doors; there was ramp access into the building. The service also had an accessible toilet available for all patients attending the service.

Access to the service

Appointments were available at varied times Monday to Friday but were dependent on the availability of the specialist clinicians. The length of appointment was specific to the patient and their needs. Patients who needed to access care in an emergency or outside of normal opening hours were directed to the NHS 111 service. We saw the website also included contact information as did the dental treatment plan given to patients.

Concerns & complaints

There was a complaint policy which provided staff with information about handling formal and informal complaints from patients. Information for patients about how to make a complaint was available in the service waiting room and on the service website. This included details of other agencies to contact if a patient was not satisfied with the outcome of the service's investigation into their complaint. The designated responsible person who handled all complaints was the registered manager.

We reviewed the complaint system and noted that all comments and complaints made to the service were recorded. We read the service procedure for acknowledging, recording, investigating and responding to complainants and found all of the 20 patient complaints which had been received over the past 12 months had received a response. Five of the complaints were related to clinical assessment (diagnosis and test results) and clinical care or treatment. The remainder were administrative and information provision concerns. We saw there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the event.

Are services well-led?

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

Our findings

Governance arrangements

The governance arrangements of the service were evidence based and developed through a process of continual learning. The service had a number of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the General Dental Council (GDC).

The registered manager had responsibility for the day to day running of the service. They held regular meetings with the staff to discuss any issues and identify any actions needed. There was a clear leadership structure with named members of staff in lead roles. For example, there was a clinical lead who oversaw the health advisors.

Leadership, openness and transparency

The service was part of a national organisation which had an extensive governance and management system which provided the guidance and protocols as well as the hierarchy to run the service and ensure high quality care. There was a clear leadership structure in place and staff felt supported by management. Staff told us the management team were approachable and always took the time to listen to them.

When there was unexpected or unintended safety incidents the service gave affected patients reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

We found the service held regular team meetings. Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings. Staff were involved in discussions about how to run and develop the service, and to identify opportunities to improve the service.

Learning and improvement

Staff told us the service supported them to maintain their clinical professional development through training and mentoring. The management of the service was focused on achieving high standards of clinical excellence and provided daily supervision with peer review and support for staff. We found formal appraisal had been undertaken and was embedded within the culture of the service. The staff we spoke with told us the service was supportive of training and professional development, and we saw evidence to confirm this.

A programme of audits ensured the service regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, we found the patients records were audited for quality of content and to ensure appropriate referrals or actions were taken.

Provider seeks and acts on feedback from its patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback post consultation about the delivery of the service by email. The service had also gathered feedback from staff through a staff survey, through staff meetings, appraisals and discussion.