

Euro Health Service Limited

Carmenta Life

Inspection report

Chesham House, Ground Floor
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Website: www.carmenta-life.co.uk

Date of inspection visit: 19 June 2019
Date of publication: 26/07/2019

Ratings

Overall rating for this service	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?	Good	

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? – Good

We carried out an announced comprehensive inspection at Carmenta Life on 1 November 2018. We found that the service was not providing safe and well-led care in accordance with the relevant regulations. A requirement notice was served in relation to the breaches identified under Regulation 12 - Safe care and treatment. We carried out an announced comprehensive inspection at Carmenta Life on 19 June 2019 to follow up on the breaches of regulation and as part of our inspection programme.

Summary of findings

We found the service had taken the necessary action to make the required improvements in relation to the breaches of regulation we identified on 1 November 2018.

The full comprehensive report on the November 2018 inspection can be found by selecting the 'all reports' link for Carmenta Life on our website at www.cqc.org.uk.

Carmenta Life provides a range of general medical, gynaecology, paediatric, antenatal and post-natal services to private, fee-paying patients. Diagnostic and screening procedures are available using a range of high-quality equipment and laboratory tests. This includes performing ultrasound scans and taking blood and cytology samples for testing.

Carmenta Life is registered with the 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 provided at Carmenta Life are not within the CQC scope of registration and are exempt from CQC regulation. We did not inspect or report on these services.

The service is registered with the Care Quality Commission to provide the regulated activities: treatment of disease, disorder or injury; family planning; maternity and midwifery services; surgical procedures and diagnostic and screening procedures.

Seven patients contacted the Care Quality Commission directly to share their experiences of the service with us. We also reviewed five patient Care Quality Commission comments cards at the service during our inspection. All of the comments we received were positive about the practitioners and the service experienced. Patients said they felt staff were personable, caring and respectful. They told us they felt listened to and had confidence and trust in the practitioners to make the right decisions about their care and treatment. They said the service was accessible and it was easy to book appointments.

Our key findings were:

- Care and treatment was delivered in accordance with evidence-based guidelines. Quality improvement activity was used to review the effectiveness and appropriateness of the care provided.
- Patients were treated with kindness, respect and compassion. Their privacy and dignity was respected and they were involved in decisions about their care and treatment.
- Services were organised and delivered to meet patients' needs. Patients could access care and treatment in a timely way.
- There was a culture of high-quality, sustainable care. The service encouraged feedback from patients.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective in most cases.

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

- Introduce a formalised, service-wide process and policy to verify the identity of service users prior to consultation or treatment.
- Adhere to the intercollegiate guidance on safeguarding competencies so that staff complete the appropriate level of safeguarding adults training for their roles.
- Strengthen the system in place to monitor that medicines and medical equipment are fit for purpose, so that the expiry dates of the medical oxygen and body spillage kits are regularly checked.
- Take steps so that in all cases when a medicine is prescribed, the dose is accurately recorded in the patient's notes.
- Introduce a written business continuity plan that details how a service would be maintained in the event of a major incident.
- Take steps to formalise and document the annual meeting of the medical practitioners at the service.

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

Carmenta Life

Detailed findings

Background to this inspection

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Carmenta Life

Carmenta Life is an independent healthcare service provided by Euro Health Service Limited from the ground floor of Chesham House, Church Lane, Berkhamsted, Hertfordshire, HP4 2AX.

Information regarding the service can be found on the following website: www.carmenta-life.co.uk

The service lead and registered manager is Joseph Iskaros, a consultant obstetrician and gynaecologist. 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 provider employs the services of other self-employed medical practitioners to perform regulated activities from one consultation and treatment room. These practitioners have a third-party employment contract with Carmenta Life. They are a GP, an ultrasonographer, a tongue-tie practitioner and a consultant paediatrician.

The provider uses several other rooms for unregulated activities. These were not included in this inspection. A well-being service also operates from the same location and the reception staff from the well-being service welcome patients to Carmenta Life.

Services are provided by appointment only. There is no walk-in service provision. Appointments are available by arrangement on a flexible, fee-paying basis from 8am to 10pm Mondays to Fridays and from 8am to 5pm on Saturdays. Appointments are also available on Sundays if required. The services provided include, but are not limited to:

- General practice including general medical consultations.
- Paediatric consultations.
- Gynaecology services.
- Infertility services.
- Antenatal and post-natal care.
- Frenulotomy – new-born and neonatal tongue-tie division.
- A range of diagnostic procedures and ultrasound scans based on the services listed above.

How we inspected this service

Before our inspection we reviewed a range of information we held about the provider. During our inspection we:

- Spoke with the service lead.
- Looked at the premises and equipment used by the service.
- Reviewed Care Quality Commission comments cards left for us by patients to share their views and experiences of the service.
- Looked at a sample of patient records.
- Reviewed policies, procedures and other information the service used to deliver care and treatment.

Third party medical practitioners who worked from the service were not available to speak with us on the day of the inspection. We contacted all of them by email shortly after our inspection and some of them responded. From

Detailed findings

their responses we ascertained their understanding of some policies, processes and their responsibilities at the service, what support they received and the culture at the service.

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

At our previous inspection on 1 November 2018, we found this service was not providing safe care in accordance with the relevant regulations because:

- There were no risk assessments in relation to fire, health and safety or Legionella.
- The risks associated with infection control had not been assessed or addressed. An audit had not been completed.
- The provider had not ensured that all members of staff completed mandatory infection control or fire safety training.
- The provider could not provide evidence of appropriate cleaning records for the premises.
- Cleaning chemicals were held on site without the appropriate risk assessments in place.
- There was no risk assessment in place in relation to which emergency medicines were held on site. There was no defibrillator held at the service and no risk assessment to mitigate this risk.
- A record of staff immunisations was not maintained.

At our inspection on 19 June 2019, we found the service had taken the necessary action to make the required improvements in relation to the breaches of regulation we identified on 1 November 2018. The service is rated as good for providing safe care.

We rated safe as Good because:

Safety systems and processes

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

- Staff had completed adult (level two) and child (level three) safeguarding training to the appropriate level before the intercollegiate guidance on safeguarding competencies was published in August 2018 (adult safeguarding) and January 2019 (child safeguarding). (Intercollegiate guidance is any document published by or on behalf of the various participating professional membership bodies for healthcare staff including GPs and nurses). Following publication of the guidance, staff were required to complete a higher level of adult safeguarding training (level three). The practitioners we spoke with, or who provided written responses for us, knew how to identify and report concerns about

children and vulnerable adults. The service's safeguarding policy and protocols displayed around the premises outlined the process for them to follow and detailed useful contact numbers should they require them. The service's lead practitioner was also the nominated safeguarding lead.

- All staff 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.) A chaperone policy was in place and a chaperone notice was displayed in the main consultation and treatment room.
- The provider carried out staff checks and maintained records to demonstrate the competence and appropriateness of staff. This included checks on their professional registration, revalidation, medical indemnity insurance and appropriate immunisation.
- The provider conducted safety risk assessments. These included a full health and safety audit completed in February 2019, a fire risk assessment completed in January 2019, and a Legionella assessment completed in January 2019. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Actions from these risk assessments were identified and completed or plans of action were in place to ensure their completion.
- The service had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction. Staff completed essential safety training appropriate to their roles such as fire safety. Fire drills were completed and recorded in May and June 2019.
- Some arrangements were in place to ensure that facilities and equipment were safe and in good working order. This included a full safety check on all the electrical equipment at the service. The arrangements didn't include ensuring all medical equipment was calibrated to ensure its accuracy. We saw digital blood pressure and pulse oximeter equipment was available and this didn't require calibration. There was no process in place for the calibration of the weighing scales used and the service lead confirmed this had not been completed. The service lead took immediate action and following our inspection, provided documented evidence that new digital weighing scales had been purchased.

Are services safe?

- Appropriate infection prevention and control processes were in place. We saw the consultation and treatment room was visibly clean and tidy. There were appropriate processes in place for the management of sharps (needles) and clinical waste. Hand wash facilities and personal protective equipment were available. An infection control policy was in place and as part of its requirements, weekly environmental cleanliness audits were completed. Clinical area cleaning schedules were available and completed on a daily basis when the service was operational for the period we checked between January and June 2019. The records we looked at showed staff had completed infection control training.
- A Control of Substances Hazardous to Health (COSHH) risk assessment was completed in January 2019. We saw that any cleaning chemicals were securely stored, and safety data sheets were available for all the products used at the service.

Risks to patients

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

- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- The practitioners we spoke with, or who provided written responses for us understood their responsibility to manage emergencies and to recognise those in need of urgent medical attention. They had completed training in basic life support, including cardiopulmonary resuscitation (CPR). They knew how to identify and manage patients with severe infections, for example sepsis, and how access to the appropriate guidance and protocols for this.
- The service was equipped to deal with medical emergencies. A defibrillator was located outside the consultation and treatment room. Some emergency medicines were available and where the service had decided not to stock certain emergency medicines, a risk assessment had been completed detailing why these were not needed. A system was in place to monitor stock levels and expiry dates of the medicines and complete a check on the defibrillator to ensure it was fit for use. We saw all these medicines were within their expiry dates. The system included checking the medical oxygen cylinder was full. It did not include checking the oxygen or the available body spillage kits

were within their expiry dates. We saw the oxygen had expired in January 2018 and the spillage kits had expired between February and May 2016. The service lead took immediate action. During our inspection, checks on the expiry dates of the oxygen and body spillage kits were added to the medical emergency monitoring checks. Following our inspection, the service lead provided documented evidence that a new oxygen cylinder and body spillage kit had been purchased.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- From our conversations with staff, or our review of written responses provided by them, we found various methods were used at the service to gather basic information about patients. All patient contact came through email and patients were asked to complete an electronic registration form requesting their name, address and date of birth among other things. The ultrasonographer required patients to bring their NHS maternity notes to appointments to assist with their safe care and treatment and provide additional assurance of their identity. The consultant paediatrician required parents or guardians to bring the GP referral letter for their child to the first appointment for the same reason. In the gynaecological part of the service, patient identity details were verbally confirmed during patients' appointments. There was no formalised, service-wide process or policy in place to verify the identity of service users before consultation or treatment. At no point were patients asked to provide photographic or documented proof of their identity. Not all practitioners at the service were able to confirm with certainty, on all occasions that each patient was who they claimed to be.
- During our inspection, we were able to check patient records maintained by the gynaecological and ultrasound part of the service. We saw they maintained secure yet accessible electronic clinical records and scan images. We saw the records contained an appropriate amount of information and detail on each consultation.
- There were systems for receiving information from and sharing information with other agencies to enable the delivery of safe care and treatment. From the sample of patient records we reviewed and our conversations with

Are services safe?

or written responses from staff, we found that when patients used multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.

- Not all practitioners at the service made referrals. Where referrals were made, they were appropriate, timely and in line with protocols and up to date evidence-based guidance.
- There was a documented approach to the management of test results and this was managed in a timely manner.

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 minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. From the sample of patient records we reviewed we found that processes were in place for checking medicines and in most cases, staff kept accurate records of medicines. In one case we looked at, a patient was prescribed a medicine for a gynaecological indication. The prescription was documented in the notes, but the dose was not recorded. The prescription script was not stored on the electronic system. In other cases where the same medicine was prescribed, all the required details were fully documented in the appropriate records.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Staff monitored and reviewed safety using information from a range of sources and demonstrated an understanding of how to identify and report concerns if needed.
- There was a system for receiving, recording and acting on medicine and other safety alerts and the service lead demonstrated a good understanding of recent alerts. We saw appropriate action had been taken in response to the alerts.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff demonstrated an awareness of the requirement to investigate, review and acknowledge when things went wrong. No incidents or significant events had been identified at the service in the previous 12 months. We saw that reporting forms were available, and a system was in place to record and act on incidents and events should they occur. We saw a section of the recently introduced staff appraisal process encouraged practitioners working at the service to raise concerns and discuss any incidents they were aware of, so they could be reviewed, and learning identified.
- The provider was aware of and complied with the requirements of the Duty of Candour and engaged in a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

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 practitioners assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. These included, but were not limited to, the Society of Radiographers, Royal College of Obstetricians and Gynaecologists and National Institute for Health and Care Excellence (NICE) best practice guidelines. They used this information to deliver care and treatment that met patients' needs.
- Patients' immediate and ongoing needs were fully assessed. We saw no evidence of discrimination when care and treatment decisions were made.
- Patients were told when they needed to seek further help and what to do if their condition deteriorated.
- Clinicians had enough information to make or confirm a diagnosis.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Quality improvement activity was used to review the effectiveness and appropriateness of the care provided. The service made improvements through the use of completed audits. We saw the service lead had completed audits on pregnancy and pelvic scans, following a concern that the operator name was not always available on each scan. As a result, new software was introduced which made the entry of the operator's name mandatory for each image. Following a concern about the number of baby growth 4D scans being requested, an audit was completed on the reasons why patients asked for this type of scan. (4D scans are a type of ultrasound scan that give a real-time, three dimensional moving image). The audit concluded that most of the 4D scans completed were not for legitimate

medical reasons, and the process for accepting the requests was changed. As a result, the number of 4D scans provided fell from 17 in 2017/2018 to five in 2018/2019.

- The service lead reviewed at least two ultrasound images completed by the sonographer each month to ensure quality standards were maintained.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme in place. This included an induction pack which detailed all of the essential standards of quality and safety staff were required to adhere to. These included standards relating to security, communication, confidentiality, fire safety and safeguarding among others.
- All the practitioners were registered with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The service maintained appropriate records to demonstrate the qualifications, skills and competence of staff, including those relating to their practise elsewhere, such as NHS or independent hospitals.
- Since our inspection in November 2018, the service lead had introduced a service-specific staff appraisal system. We saw that all the medical practitioners received a formal, documented appraisal between May and June 2019. This was in addition to the professional appraisals the practitioners received elsewhere, which the service also documented.

Coordinating patient care and information sharing

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

- Patients received person-centred care. Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to staff in a timely and accessible way.
- We saw evidence of patient assessments documented in clinical records. Before providing treatment, practitioners at the service ensured they had adequate

Are services effective?

(for example, treatment is effective)

knowledge of the patient's health, any relevant test results and their medicines history. Details of examinations carried out, treatment provided, and of ongoing care agreed with patients were available.

- Patients were asked for consent to share details of their consultations with their registered NHS GP if required. If patients withheld consent, they were always provided with an electronic report of what treatment or advice, including test results, was given so they could share these with other medical professionals as required.

Supporting patients to live healthier lives

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

- The practitioners encouraged and supported patients to be involved in monitoring and managing their own health. Any risk factors were identified and highlighted to patients. Where appropriate, patients were given information and advice on healthy living, or so they could self-care.
- Changes to care or treatment were discussed with patients as necessary.

- Where patients' needs could not be met by the service, they were redirected to the appropriate service for their needs.

Consent to care and treatment

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

- The service lead understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions.
- We saw a consent policy was available and the process for seeking consent was adhered to. Examples of documented, verbal adult patient consent for recent procedures completed at the service were available. Where children received a frenulotomy procedure, a written parental consent form was required. (Also known as tongue-tie division, a frenulotomy involves cutting the short, tight piece of skin connecting the underside of the tongue to the floor of the mouth). We saw completed and documented examples of these. The consultant paediatrician required parents or guardians to bring the GP referral letter for their child to the first appointment to confirm their identity and ensure the process was consensual.

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Seven patients contacted the Care Quality Commission directly to share their experiences of the service with us. We also reviewed five patient Care Quality Commission comments cards at the service during our inspection. All of the comments we received were positive about the practitioners and the service experienced. Patients said they felt staff were personable, pleasant, professional, caring and respectful. Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.
- The service lead understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- The patients who left comments for us or shared their experiences of the service with us said they felt involved in decision making about the care and treatment they received. They said the practitioners were informative and they always received thorough explanations about

their care and treatment. They also told us they felt listened to and had confidence and trust in the practitioners to make the right decisions about their care and treatment.

- From our conversations with staff, or our review of written responses provided by them, we found they had a good understanding of how to help patients be involved in decisions about their care and support them to make the right decisions about their care and treatment throughout their patient experience.
- Interpretation services were available for patients who did not have English as a first language. A range of patient information was detailed on the service's website. Some information leaflets were available at the service and a more comprehensive range was available electronically for practitioners to send to patients by email.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The window nearest the examination couch in the consultation and treatment room used by Carmenta Life practitioners was frosted on the lower half to help protect patients' privacy and dignity. Both the windows in the room were fitted with working blinds. The service lead told us the door was always closed during patient appointments so that conversations taking place could not be overheard.
- The service lead recognised the importance of patients' privacy, dignity and respect and demonstrated a good understanding of how to maintain these.
- The 12 patient communications we received agreed their privacy and dignity was respected and maintained at the service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider's services were clearly detailed on their website. This included extensive information about the gynaecological, paediatric and general adult health services available, among others. The details for how patients contacted the service for more information or to book appointments were clearly displayed.
- Patients were routinely advised of the expected fee in advance of any consultation or treatment. They also received updates of any additional costs as their treatment progressed.
- Services were provided by appointment only. There was no walk-in service provision. Staff provided flexibility with appointments and this was acknowledged by them as a key part of their provision for patients. Appointments were available by arrangement from 8am to 10pm Mondays to Fridays and from 8am to 5pm on Saturdays. Appointments were also available on Sundays if required.
- The facilities and premises were appropriate for the services delivered. There were two steps in to the main entrance and a portable ramp was provided to ensure the service was easily accessible for everyone. An accessible toilet was provided on the ground floor, where the service's consultation and treatment room was located. The toilet contained a hand rail, emergency alarm and baby changing facility. No hearing loop was provided by the service. The service lead told us the provision of a hearing loop had been assessed as not being necessary as one had never been requested before.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The laboratory service used by the provider was able to return pathology results in as little as one to two days.
- Waiting times, delays and cancellations were minimal as appointments were made to suit patients' needs.
- The patients who left comments or shared their experiences with us told us the service was very accessible, it was easy to book appointments and the practitioners were always on time for their appointments. The service lead told us that when staff were on holiday, or unable to provide the service, patients were given appropriate notice of their absence and appointment bookings were not taken for that period.

Listening and learning from concerns and complaints

The service had an appropriate complaints process in place.

- The service had a complaints policy and procedure in place.
- Information about how to make a complaint or raise concerns was available. Patient comments forms were available in the waiting area outside the treatment and consultation room. These included contact details if patients wished to make a complaint. A dedicated contact and complaints email was also provided on the service's website.
- The practitioners we spoke with, or who provided written responses for us, demonstrated an understanding of how to respond to any potential complaints or concerns about their service.
- The service learned lessons from individual concerns and complaints. We saw the service maintained a record of all complaints received, including those not made as formal complaints, but considered by the service to be perceived complaints. We looked at the details of four complaints (formal or perceived) received by the service since July 2014 and saw they all resulted in some form of improvement or learning. For example, when a discrepancy between two scans taken four weeks apart was identified, both scans were reviewed to ensure that nothing had been missed on the first scan. The importance of storing all images for potential review was reiterated.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 1 November 2018, we found this service was not providing well-led care in accordance with the relevant regulations because:

- There were insufficient systems in place to ensure effective oversight of health, safety and infection prevention and control risks.
- There was no assurance staff had received the essential training relevant to their roles.
- Not all members of staff had evidence of an appraisal within the last 12 months.

At our inspection on 19 June 2019, we found the service had taken the necessary action to make the required improvements in relation to the breaches of regulation we identified on 1 November 2018. The service is rated as good for providing well-led care.

We rated well-led as Good because:

Leadership capacity and capability

The service lead had the capacity and skills to deliver high-quality, sustainable care.

- The service lead was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.
- The service lead was visible and approachable. They maintained regular communication with the other medical practitioners at the service to make sure they prioritised inclusive leadership. The communication was mainly by email throughout the year, but also in face-to-face conversations when the opportunities arose.

Vision and strategy

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

- During our conversations, the service lead demonstrated how they reviewed all aspects of the service and its provision on a continual basis, using quality improvement activity, patient feedback and information sharing with the other medical

practitioners. They demonstrated the values of the service that were focused on patients' needs and the patient experience and maintaining an efficient, effective, and empathetic service.

- From our conversations with staff, or our review of written responses provided by them, we found they were aware of and understood the vision, values and strategy and their role in achieving them. They said the service was focused on providing high-quality care through dedicated, quality time with patients and a continual review of services to ensure improvements were identified and implemented when required.

Culture

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

- There was a strong emphasis on the well-being of staff and the service promoted equality and diversity. The practitioners we spoke with, or who provided written responses for us, said they were proud to be part of the service. They said they worked in a friendly and supportive culture and the flexibility of their working arrangements promoted their well-being and showed an understanding of their personal and professional commitments.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The service focused on the needs of patients.
- Systems, policies and procedures demonstrated that the service had an open, honest and transparent approach towards complaints and identifying and implementing improvements.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the support and information they need. This included a recently introduced annual appraisal process and regular communication.

Governance arrangements

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

Are services well-led?

Good 

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective in most areas. There were service specific policies, procedures and protocols in place covering such things as the safeguarding of vulnerable adults and children, complaints, communication and confidentiality and health and safety related risks. These ensured the service was able to respond effectively and consistently to any potential issues in those areas.
- Staff were clear on their roles and accountabilities.
- During our inspection, we found some areas where the systems in place were insufficient and not effective. There was no process in place to ensure all medical equipment was calibrated to ensure its accuracy. There were weaknesses in the process to check all emergency medicines and medical equipment were fit for purpose. The process did not include checking the oxygen and body spillage kits were within their expiry dates. The service lead took immediate action. During our inspection, checks on the expiry dates of the oxygen and body spillage kits were added to the medical emergency monitoring checks. Following our inspection, the service lead provided documented evidence that a new oxygen cylinder, body spillage kit and digital weighing scales had been purchased.

Managing risks, issues and performance

There were mostly clear and effective processes for managing risks, issues and performance. There was no service-wide process in place to request photographic or documented confirmation of each patient's identity.

- The service had responded well to address the risks identified in the Care Quality Commission inspection on 1 November 2018.
- Processes were in place to respond to incidents and complaints and ensure medicines and other safety alerts were appropriately managed. One system was not effective in ensuring patient safety. There was no service-wide system in place to ensure all patients provided photographic or documented proof of their identity. Some practitioners used their own methods to assist in confirming the identity of patients and ensuring

their safe care and treatment. The lack of a service-wide process meant that not all practitioners were able to confirm with certainty each patient was who they claimed to be.

- There was no written business continuity/major incident plan in place at the service. From our conversations with staff, or our review of written responses provided by them, we found they understood how a service would be maintained in the event of a major incident and their responsibilities in relation to it. We saw that staff had been trained on such things as basic life support, use of the service's defibrillator and fire safety.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Our inspection indicated that information was accurate, valid, reliable and timely.
- Quality improvement activity using accurate and reliable information had a positive impact on quality of care and outcomes for patients. There was some evidence of action to change services to improve quality.
- Performance information was combined with the views of patients.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- There was regular communication between the practitioners at the service to ensure quality and sustainability were discussed and all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- The service encouraged feedback from patients. Methods were available for patients to express their views and leave feedback about their experiences including in person at the service or by email. We saw that customer feedback slips and a feedback box were available in the waiting area outside the consultation and treatment room. These offered patients the opportunity to rate their experience of the service and provide suggestions for improvement. Similar

Are services well-led?

Good 

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

comments forms were also provided by the door to the room and these provided the email address for patients to use if they had a complaint. The email address was also clearly identified on the service's website.

- There were feedback opportunities for staff. We saw evidence of regular email communication between the practitioners working from the service which included useful and relevant information sharing. A recently introduced annual appraisal system included a section for the practitioners to provide feedback or raise any concerns they had. An informal and undocumented annual meeting for the practitioners also provided this opportunity.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The provider used a rapid testing laboratory service. This provided pathology results for patients within one to two days of their tests. Discussions were underway with the laboratory about introducing a self-sample service for patients, where they could complete the test at home and send it directly to the laboratory for analysis. State of the art scanning equipment was available in the consultation and treatment room which provided high quality 3D ultrasound imaging.
- The service made use of internal reviews of complaints. Learning was shared and used to make improvements.