

# FBA Medical Limited

# Regent Street Clinic

## Inspection report

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Date of inspection visit: 07/08/2018  
Date of publication: 28/09/2018

## Overall summary

We carried out an announced comprehensive inspection at Regent Street Clinic on 7 August 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### Our findings were:

#### Are services safe?

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

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

#### Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

### Our key findings were:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service used a number of policies and procedures to govern activity which were accessed centrally and aligned to the business.

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels of the organisation.

# 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.

- When there were unintended or unexpected safety incidents, patients received reasonable support, clear information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had a group policy in place with clearly defined systems and processes in place to keep patients safe and safeguarded from abuse.
- The service had a system for checking the parent or guardian of a child had legal parental responsibility before treating them. A parent or guardian was always asked for proof of their identity and their child's identity.
- There were effective recruitment processes in place and all members of 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).
- All staff who acted as a chaperone were trained to carry out this role and had a DBS check in place.
- Appropriate standards of cleanliness and hygiene were maintained.

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### Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The clinical team kept up to date with current vaccination guidelines and followed nationally recommended guidelines to inform any changes to clinical practice.
- All members of staff were suitably trained to carry out their roles and received regular in-house educational sessions and external training courses where required.
- The provider was committed to a quality improvement strategy and utilised forums such as focus group meetings, patient satisfaction questionnaires, audits and PUNS/DENS (patient's unmet needs and doctor's educational needs) to enable reflective practice and drive changes in clinical and operational practice.
- The provider had formulated a detailed health screening assessment, with a private laboratory, for all Regent Street Clinics which they called the 'superscreen'. The detailed tests identified health issues that would not be found by routine NHS screening testing and had led to early intervention and some positive outcomes for patients.
- There was evidence of appraisals, induction processes and personal development plans for staff.
- The service shared information with other providers such as NHS GP services and hospital services where necessary, with the consent of the patient.
- Patients receiving travel vaccinations were required to bring a copy of their travel vaccination records to the clinic and a 'shared care report' was used to enable the relevant information to be shared with the patients' own GP.

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### Are services caring?

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

- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available to them and fees was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were encouraged to complete feedback forms and surveys via a number of different forums.

## Are services responsive to people's needs?

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

- Appointments were usually available on the same day and also available on a walk-in basis. The service also offered online appointment booking.
- Extended hours appointments were available on a Thursday evening until 8pm and the service was open on Saturdays.
- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.
- The service offered pre-consultations to patients prior to receiving treatments such as travel medicine.
- The service offered up to date general travel advice on their website.
- A full price list was available for GP consultations, treatments and all travel vaccinations on their provider website and in the clinic.

## Are services well-led?

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

- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The service had a number of policies and procedures to govern activity and held staff meetings on a regular basis.
- The provider used a specific detailed protocol to assist in complying with the requirements of the Duty of Candour.
- The lead GP delivered in-house educational sessions to all staff, and offered training sessions to NHS staff on travel medicines.
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

# Regent Street Clinic

## Detailed findings

### Background to this inspection

- Regent Street Clinic is provided by FBA Medical Limited. The registered manager of the service is S Azam. 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 address of the service is Abbots House, 198 Lower High Street, Watford, Hertfordshire, WD17 2FF.
- The website address is [www.regentstreetclinic.co.uk](http://www.regentstreetclinic.co.uk)
- The service is registered with the CQC to provide the following regulated activities:
  - Treatment of disease, disorder or injury.
  - Diagnostic and screening procedures.
- FBA Medical Limited was first opened by the provider in Nottingham in 1998. Since then the provider has grown the business to provide services at five other locations in Leicester, Leeds, Sheffield, Derby and Watford.
- Regent Street Clinic Watford was opened in November 2016 and is an independent provider of GP services. The service offers a range of specialist services and treatments such as facial aesthetics, travel vaccinations, sexual health screening, occupational health and offshore medical services to people on both a walk-in and pre-bookable appointment basis. The service does not offer NHS treatment. It is an accredited yellow fever centre which is registered with NATHNaC (National Travel Health Network and Centre).
- The service provides a walk-in service which is available to all patients and provided treatment to 1,428 patients between January and July 2018. The service is open;

- Monday 3pm to 7pm
- Tuesday 8am to 7pm
- Wednesday 3pm to 7pm
- Thursday 8am to 8pm
- Friday 9am to 6pm
- Saturday 9am to 12pm
- The service employs approximately 40 staff members and has a call-centre based at their main office in Nottingham. The call centre is open from 8am to 7pm Monday to Saturday.
- The senior GP and group practice manager oversee the services provided across the six clinics. The team based at the Watford clinic consists of one male GP, one practice nurse and a clinic co-ordinator.

Our inspection was carried out on 7 August 2018. The inspection team was led by a CQC Lead Inspector and was supported by a GP Specialist Adviser and a practice nurse Specialist Adviser.

Prior to the inspection we had asked for information from the provider regarding the service they provide.

During our visit we:

- Spoke with the senior GP, clinic GP, group practice manager, practice nurse and clinic co-ordinator.
- Reviewed the personal care or treatment records of patients.
- Spoke with one patient and reviewed 13 CQC comment cards where patients and members of the public share their views and experiences of the service.
- Reviewed patient feedback from patient surveys and online comments received.
- Observed how patients were greeted.
- Reviewed documents and systems.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

# Detailed findings

- 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

### Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and protocols had been developed which covered safeguarding, whistleblowing, consent (including parental consent) and parental and child identification. The policies clearly outlined processes to be adhered to. Policies were regularly reviewed and were accessible to all staff.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and health and safety policies, which were regularly reviewed and communicated to staff. A Legionella risk assessment was in place and the service carried out water temperature checks. Staff received safety information from the service as part of their induction and refresher training.
- There was an effective system to manage infection prevention and control. The service ensured that

facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

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

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The clinic was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The clinic had oxygen and a defibrillator on the premises. All staff had undertaken basic life support training including the use of a defibrillator for resuscitation. At the time of inspection, staff members were unable to show us the paediatric oxygen mask. The service ordered this immediately and shortly after our inspection, the service provided us with evidence to confirm paediatric oxygen masks were available at the clinic.
- Emergency medicines were safely stored, and were accessible to staff in a secure area of the clinic. We saw that the emergency medicines stock included adrenalin. Adrenalin is a medicine used for the emergency treatment of allergic reactions.
- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We saw evidence of medical indemnity insurance for GPs and nurses. There was evidence of professional revalidation of clinical staff appropriate for their role. GPs were registered with the General Medical Council (GMC).

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients 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.

# Are services safe?

- 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.
- The service had an effective system in place for the collection of pathology samples such as blood and urine. Clinicians used the services of an accredited laboratory which provided a daily collection service from the clinic for all samples. Pathology results were provided to the clinic within four to 72 hours. These were received directly into the patients' records and an alert sent to the Lead GP informing them that the result were ready to view. The GP told us that they usually informed patients of the results as soon as they received them where relevant. All patients knew how to contact the clinic to receive test results if they had not heard within a certain time period.

## 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 medical gases, emergency medicines and equipment, minimised risks. Medicines were kept safely and detailed records were in place for all of the medicines stocked at the clinic. We saw that all the medicines we viewed during the inspection were in date.
- Staff administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- All prescriptions were issued on a private basis and were printed individually by the GP during consultation. A seal was used on the prescriptions in addition to the clinic stamp to enhance security of the prescriptions and prevent fraudulent use.
- The service carried out audits of medicines and vaccinations. The clinic did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). The service carried out audits including antibiotic prescribing.
- The clinic did not treat patients who were taking high risk medicines for chronic illness and therefore did not prescribe them.
- The GP administered all medicines to patients; the nurse administered vaccinations with the appropriate documents in place signed by the GP. All medicines were administered on site and the provider did not carry out home visits.
- There was a process in place to check and record vaccination fridge temperatures on a daily basis and that vaccinations and immunisations were stored appropriately. We saw evidence of a cold chain policy in place (cold chain is the maintenance of refrigerated temperatures for vaccines).

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The clinic had adequate fire safety equipment in place and all equipment had been serviced on a regular basis. A fire action notice was visible to patients and staff telling them what to do in the event of a fire. There was a designated fire marshal at the clinic and regular fire drills had been conducted.
- The clinic maintained appropriate standards of cleanliness and hygiene. Regular infection control audits were undertaken with an external provider and we saw evidence that action was taken to address any improvements identified as a result. Spillage kits were available in the reception area in case of spillage of bodily fluids such as blood and vomit.
- The provider used a secure system for storing patient records that was an online hosted system that was specifically designed for use in private practice. This system was backed up every night.
- The service used an e-mail system and all electronic mail and online messaging was encrypted for maximum security.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.



## Are services safe?

- 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 clinic.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents which were group-wide.
- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence. Staff told us there was an incident form available on the computer system for recording and escalating incidents.
- There was an effective system in place for reporting and recording significant events. Staff told us significant events were discussed during staff meetings, where all staff were expected to attend.
- We reviewed three significant events that had been recorded since October 2017 and found that details of investigations and actions taken as a result of the significant events were clearly documented and discussed with staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

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, and The Scottish Intercollegiate Guidelines Network (SIGN). (Both of these organisations are responsible for providing national guidance in the UK on the promotion of good health and the prevention and treatment of ill-health). Clinicians followed clinical pathways and protocols when providing care and treatment.

Detailed risk assessments were carried out prior to administering travel vaccinations which were held within the patient record. The record was shared with the patient's own GP with their consent.

### Monitoring care and treatment

- The provider was committed to ensuring patients received the most up to date care, and had conducted three clinical audits since February 2018 to enable this, and to provide assurance about clinical performance. All three audits demonstrated clinical compliance and some improvement in quality of care for patients.
- The service had undertaken an audit to assess performance in relation to national standards for managing patients with lower back pain. This audit resulted in the service making improvements to how they managed patients with lower back pain.
- The service had undertaken an audit on the number of patients that had achieved immunity after receiving the Hepatitis B accelerated vaccination course. This audit showed that the number of patients who had achieved the expected level of immunity, when tested two months after their final dose, was 83% which was above the audit standard of 70%.
- Clinical staff were involved in quality improvement activity and carried out regular audits on how the service was performing.
- The provider was committed to a quality improvement strategy and utilised forums such as focus group meetings, patient satisfaction questionnaires, audits and PUNS/DENS (patient's unmet needs and doctor's educational needs) to enable reflective practice and drive changes in clinical and operational practice.

- We reviewed a recent PUNS/DENS reflection document and found a detailed account of why the GP felt some patients needs had not been met. We noted that for every patient, the GP had taken steps to provide further information or refer the patient to an appropriate secondary care provider, and to follow up on the outcome.

### Effective staffing

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

- All members of staff had received training to carry out their roles and received regular in-house educational sessions. External training sessions were also arranged where required.
- All staff were appropriately qualified. The provider had a comprehensive induction and training programme in place for all newly appointed staff. Training covered such topics as safeguarding, infection prevention and control, information governance, chaperoning, health and safety, hand washing techniques, fire safety, basic life support, complaints handling and confidentiality, equality and diversity and lone working. All staff attended external training each year to update their knowledge on these topics.
- The service ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The service 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. Staff were encouraged and given opportunities to develop.
- The service provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The service could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- The learning needs of staff were identified through a system of appraisals; we saw evidence that staff had received an appraisal within the last 12 months. The GP received an appraisal carried out by the Independent Doctors Federation (IDF).

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

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

- We saw evidence of thorough and detailed assessments recorded in patients' electronic records which were available to relevant staff. This included care assessments, consultation records, investigations and test results.
- The service ensured sharing of information with other providers such as NHS GP services and general hospital services where necessary and with the consent of the patient. The service made referrals to other independent or private sector services and could refer to NHS services. For example, the service had close links with local private hospitals and referred patients for services such as private total body screening assessments including magnetic resonance imaging scans (MRI).
- Patients requiring travel vaccinations were asked to bring a copy of their vaccination record to the clinic and this was updated at each visit. Patients were encouraged to share this record with other providers including NHS providers where required.
- There were clear arrangements for making referrals to other services. The service always recommended information exchange with the patient's NHS GP in keeping with the guidelines in Good Medical Practice highlighted by the GMC. We saw evidence of patient referral letters which had been shared with NHS GPs. However, patients were made aware that they could decline this if they wished.
- The provider worked with a private laboratory testing service and had created a bespoke enhanced health screening assessment for all Regent Street clinics which they called the 'superscreen'. This involved carrying out more detailed blood, urine and stool tests, thereby identifying any conditions that would not be found with basic NHS tests. There was evidence showing the assessment had led to early intervention and some positive outcomes for some patients. For example, one patient was found to have a cancer diagnosis following a superscreen assessment, which had not been picked up using the usual screening tests available. This resulted in early treatment and a positive prognosis for

the patient. Another patient received a definitive diagnosis after a year of searching for a reason for their symptoms. This had also resulted in treatment and a positive outcome for the patient on their quality of life.

### **Supporting patients to live healthier lives**

The service identified patients who may be in need of extra support.

- Risk factors, where identified, were highlighted to patients and their normal care services so additional support could be given.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service offered lifestyle medicine, which included education for patients who attended the gym regularly and those competing in athletic sports.
- Leaflets were designed for individual procedures giving information on how the procedures would be carried out and post treatment advice.

### **Consent to care and treatment**

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

- Staff sought patients' consent to care and treatment in line with legislation and guidance. The service had a comprehensive consent policy in place.
- Written consent was obtained for travel vaccinations and this was kept with patients' records stored at the clinic.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Identity of a child was always checked prior to treating. Additionally, the provider checked that the consenting parent or guardian had legal parental responsibility, and all staff had received training on child vaccination consent.
- Pre-consultations were offered to patients prior to treatment to ensure patients were fully informed and gave consent. For example, a pre-travel risk assessment and consultation was carried out for all patients requiring pre-travel advice and vaccinations. We saw evidence that all staff who delivered these consultations had been trained appropriately.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (2005).

# Are services effective?

(for example, treatment is effective)

- The provider offered full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. We saw evidence of fees displayed in the patient waiting room, included in patient leaflets and listed on the provider's website.
- The service offered Language Line interpreter services as an additional method to ensure that patients understood the information provided to them prior to treatment.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- We observed members of staff were courteous and very helpful to patients and treated them with kindness and respect.
- The service gave patients timely support and information. Reception staff gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs.
- We spoke with one patient and received 13 Care Quality Commission comment cards. Patient feedback was positive regarding the care delivered by the clinic and the caring attitude of staff. Patients found staff welcoming, professional and helpful and would recommend the service to others.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Patient feedback and comments received demonstrated that patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. This was consistent with feedback collected by the service and comments posted online.
- Comprehensive pre-consultation assessments were made which included a detailed risk assessment, explanation of treatment and confirmation of patient consent. This included consent to share the record with each patient's own GP. The records also detailed follow-up information was provided.

- The provider encouraged patients to provide feedback and participate in patient surveys. The provider conducted their own patient survey in June 2018 which showed:
- All 31 respondents felt they were involved in decisions about their care.
- 30 of the 31 respondents rated the doctor as very good or excellent for showing care and concern; one respondent rated the doctor as good for showing care and concern.
- 29 of the 31 respondents rated the doctor as excellent or very good for showing patience with questions or worries; two respondents rated the doctor as good for showing patience.
- All 31 respondents felt they were able to understand their problems or illness more after seeing the doctor.
- All 31 respondents felt the doctor completed a thorough assessment prior to providing care and treatment and rated this as very good or excellent.
- All 31 respondents rated the doctor as excellent or very good for listening.
- 29 of the 31 respondents rated the receptionists as excellent or very good; two respondents rated the receptionists as good.

### Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- All staff had received training in confidentiality. Staff we spoke with understood the importance of confidentiality and the need for speaking with patients in private when discussing services they required.
- We noted that consultation room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients 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?

(for example, to feedback?)

## Our findings

### 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 service understood the needs of its population and tailored services in response to those needs. For example, the service offered free advice and risk assessments to the students and staff of local schools and colleges travelling abroad.
- The service engaged with local GPs and health services and offered nurses training on travel medicine.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service.
- The service made reasonable adjustments when people found it hard to access the service. For example, staff offered flexibility to patients with a specific need.
- The facilities and premises were appropriate for the services delivered. All services were provided on the ground floor and there were accessible toilet facilities available.
- Access to language services were available. Interpreters could be requested and patients could make use of this service on the phone.
- All patients administered with a vaccination were given after care information which described any side effects they might experience as well as contact telephone numbers if they felt concerned.
- There was a comprehensive patient information guide which was also available to patients in Braille, audio and large print.
- A hearing loop was available to assist communication with those patients with hearing impairment.
- Health promotion information was available for patients in the waiting room.

### Timely access to the service

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

- The service was open at various times between Monday and Saturday. They offered on the day appointments for

patients as well as walk in appointments. Appointment bookings were taken via a call centre in the Nottingham clinic. Patients were also able to book an appointment online.

- Patients with urgent requests who could not be seen on the day were offered appointments at other clinics.
- Walk in patients were generally seen on a first come first served basis, although the service had a system in place to facilitate prioritisation according to clinical need.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service.
- A survey undertaken by the provider in June 2018 showed:
  - All 31 respondents rated the service positively for their opening hours, with 22 of them rating them as excellent or very good.
  - 22 of the 31 respondents said they were able to see a particular doctor on the same day or next working day of requesting an appointment; nine respondents said they were able to see the doctor within two days.
  - 27 of the 31 respondents said if they needed to see a GP urgently, they were normally seen on the same day.
  - 24 of the 31 respondents said they normally have to wait no more than 10 minutes to be seen; seven respondents said they have to wait no more than 20 minutes to be seen.
  - All 31 respondents rated their ability to get through to the service on the telephone as excellent or very good.
  - All 31 respondents rated their ability to speak to a doctor on the telephone as excellent or very good.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The service had an effective system in place for handling complaints and concerns. Its complaints policy and

# Are services responsive to people's needs?

(for example, to feedback?)

procedure were in line with recognised guidance for GPs in England. The group practice manager was the designated responsible person who handled all complaints in the practice.

The complaints procedure was available to help patients understand the complaints system. There was information on how to complain in the patient waiting area and on the service website. The complaints policy for patients gave details of the Health Service Ombudsmen and also the Independent Doctors Federation (IDF).

The service had received eight complaints within the previous 12 months. A record was kept of all verbal and written complaints, which were acknowledged in writing and we found they were satisfactorily handled and dealt with in a timely way. Lessons learned from concerns and complaints were discussed and shared with staff members. The service acted as a

result to improve the quality of care. For example, the service met with staff at a local private hospital to clarify the referral process, following a delay in the service provided by the hospital to a patient.



# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

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

- There was a clear leadership structure which was central to managing all of the clinics, including the Watford clinic. The provider had developed a management model that was consistent across all clinics.
- Senior staff were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The GP based at the Watford clinic had the experience, capacity and capability to run the service and ensure high quality care.
- The GP prioritised safe, high quality and compassionate care and was visible in the service. Staff told us that the GP and the group practice manager were approachable and always took the time to listen to all members of staff.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Staff were encouraged to participate in training and had received in-depth training in travel medicine, to enable them to deliver pre-travel vaccination consultations and to provide advice for patients calling to enquire about travel vaccination needs.

### Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service displayed their mission statement and staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider planned the service to meet the needs of the local population and had a service development plan in place.

- The service monitored progress against delivery of the strategy and held regular governance meetings.

### Culture

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 patients.
- 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 service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Leaders encouraged all members of staff to identify opportunities to improve the services provided.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff 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 service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- The service had an overarching governance framework which supported the delivery of the strategy and good quality care.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.



# Are services well-led?

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

- Service specific policies were implemented and were available to all staff on a shared electronic drive and in paper format. We found these policies were reviewed regularly.

## Managing risks, issues and performance

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

- A comprehensive understanding of the performance of the service was maintained.
- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Leaders had oversight of safety alerts, incidents, and complaints. Leaders also had a good understanding of service performance which was regularly discussed at staff meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The service had trained staff for major incidents and had plans in place which were reviewed on a regular basis.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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 was accurate and there were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

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

- The service encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The service had gathered feedback from patients through online reviews, surveys and complaints received. A suggestions box was available in the waiting area and learning was shared with other clinics managed by the provider to maximise learning.
- The service had held a focus group meeting with patients and had acted on feedback. For example, a female practitioner was recruited following patient feedback. The service had reviewed their opening times and had also secured parking spaces for patients attending the clinic.
- The service had also gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the service was run. For example, staff had provided feedback on the management of the online appointment booking system during busy periods and this had been acted on.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

# Are services well-led?

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

- 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. The service regularly engaged with peers and stakeholders and encouraged collaboration and joint working.