

Our Private Doctor

Inspection report

Hockley Mill Stables
Church Lane, Twyford
Winchester
SO21 1NT
Tel: 01962920369

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	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 Our Private Doctor on 13 June 2023 and 27 June 2023. This was the first Care Quality Commission (CQC) inspection of this location since its registration in December 2021.

The owner of the service is the provider's responsible individual and the registered person. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is registered with the CQC to provide Treatment of disease, disorder, and injury, Surgical procedures and Services in slimming clinics. Our Private Doctor provides services to people seeking independent medical diagnosis, advice for health risk reduction, weight management and hormone assessments and treatments. It provides treatment of uncomplicated verrucae with cryotherapy (freezing) and the management of benign uncomplicated skin lesions such as skin tags.

The provider undertakes a limited number of remedial surgical treatment to people who have had aesthetic treatments (such as thread lifts and anti-wrinkle treatments using Botulinum toxin) which have led to complications.

The provider is the registered individual for Our Private Doctor. They do not undertake services outside the scope of registration and do not provide any NHS funded care. The provider is also a director for another company that carries out aesthetic treatments at the same premises. We did not inspect or report on these services.

We spoke with 7 patients after our site visit and asked about their experiences of care. We also looked at feedback we had received about the service in the past year. All feedback was consistently positive with patients describing their care as compassionate, professional, comprehensive and holistic.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Staff had the relevant skills, knowledge, and experience to deliver the care and treatment offered by the service.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service valued feedback from patients. We saw that patient feedback was positive.
- The service organised and delivered services to meet patients' needs.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.

Overall summary

- There was a strong focus on learning and improvement.

We saw the following outstanding practice:

- Patients were truly respected and valued as individuals and empowered as partners in their care, practically and emotionally. The culture of the service was highly personalised and patients were consistently positive about their care and treatment.

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

- The provider should continue to install their new records management system to support improved management and audit of records and patient outcomes.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Healthcare

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a member of the CQC medicines team who carried out a separate visit to the location.

Background to Our Private Doctor

- Our Private Doctor is located in Twyford village, south of Winchester, Hampshire. The address is Hockley Mill Stables, Church Lane, Twyford, Winchester, Hampshire SO21 1NT.
- The service supports people with their health and wellbeing. It offers consultation and diagnostic tests to identify patient-specific health risks and provides advice on lifestyle changes and develops treatment plans. These include plans to support weight loss through the prescribing of medicine to manage appetite and advice to modify lifestyles and behaviours. It also prescribes medicines for hormone rebalancing and offers minor surgical treatments.
- The service only treats adults.
- This was the first inspection of this service since it was registered in December 2021 to deliver the regulated activities Treatment of disease, disorder and injury, Diagnostic and screening procedures, Surgical procedures and Services in slimming clinics.
- The clinic offers appointments on Tuesdays, Thursdays and Fridays from 10am to 5pm. The provider may offer appointments outside these times by special arrangement.

How we inspected this service

Information was gathered from the provider prior to the inspection, while on site during the inspection and after the site visit. We visited the location and interviewed the provider, observed the premises, sampled patient records and reviewed a range of documents relating to service provision. We spoke by telephone with 7 patients as part of this inspection and we looked at patient feedback reports received by CQC in the past year as well as the service's own feedback forms. The medicines optimisation inspector undertook their on-site visit at a later date.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments. It 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 and refresher training.
- The service had systems and policies to safeguard children and vulnerable adults from abuse. These were regularly reviewed and included contact details of the local safeguarding services. The staff had not been alerted to or raised safeguarding concerns since registration with CQC. They had completed training appropriate to their roles. The practice coordinator was also trained to act as a chaperone if this was requested.
- The service did not treat children and advised patients against bringing them to the service.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The assessment process included enquiry into patients' motivation for treatment and risks of body dysmorphia (a mental health disorder when someone is worried about their appearance and takes extreme measures to change their appearance).
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was an effective system to manage infection prevention and control. This included using cleaning contractors familiar with cleaning healthcare establishments, who completed task checklists. There was hard flooring throughout the building and a colour-coding system for cleaning materials, appropriate for different areas. The provider contracted a specialist firm for Legionella risk management and maintained a log of water flushing and temperature checks. Legionella bacteria can grow and multiply in water systems, if the systems are not maintained effectively, and can cause Legionnaires' disease.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Portable electrical appliances were tested under contract and there were systems for safely managing healthcare waste. The provider had installed a new fire alarm system in October 2021 and there were maintenance contracts for fire extinguishers and fire alarms. There was also annual maintenance of the emergency lighting.
- The provider remedied 2 issues we identified relating to the premises before the end of the inspection. These required tidying the storage cupboard and mending a damaged door.
- The provider carried out appropriate environmental risk assessments. There were risk assessments for the control of substances hazardous to health.

Risks to patients

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

- The provider's nominated individual undertook the regulated activities for this service, with the support of a practice coordinator. Staffing levels were appropriate for the needs of the service.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They were trained to provide basic life support. The doctor was always on site when patients attended. The provider's medical emergency policy provided guidance on identifying and responding to patient deterioration.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. These included medicines for anaphylaxis, an oxygen cylinder and an automated external defibrillator (AED).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

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 records were created in different formats and combined so the provider had access to information required to deliver safe care and treatment.
- Clinical records audits had shown that manual merging of patient information was not always completed. The information was available and used safely to support patient care and treatment, but not in a single record. The provider had investigated and recently purchased a new records management package and was aiming to implement an integrated clinical records system.
- The provider's audit of 45 patient records showed high levels of compliance with standards for good record keeping. The audit identified areas for improvement, such as amending the patient detail form so that recording a patient's emergency contact was a required field and could not be omitted.
- Treatments regulated by CQC were risk assessed. The service shared medical information with the patients' registered NHS GPs to enable them to deliver safe care and treatment. Patients were asked to consent to this and treatment was only delivered if they granted consent. The service did not treat patients for skin conditions if they had concerns about the suitability of the patient for treatment. The provider liaised with the patients' GP or consultant when necessary as part of their medical assessment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines, and equipment minimised risks. The service printed prescriptions as required and these were issued in compliance with Human Medicines Regulations for advanced electronic signatures and electronic transfer.
- Medicines were disposed of safely at the service and patients were given advice on the safe administration of medicines and disposal of sharps. This included written and video guidance.
- Medicines were stored safely at the service, and there was a cold chain process for those that required cold storage. The temperature of the medicine fridge was monitored and if the temperatures were out of range there was an alert and a process to ensure the medicines were transferred to an alternative cold store vessel. Medicines were kept in locked a cupboard/fridge and keys were held securely.
- The service carried out an annual medicines audit to ensure prescribing was in line with best practice guidelines.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- The service only prescribed licenced medicines for weight loss or for hormone replacement therapy. The provider did not prescribe unlicensed medicines. The provider had risk assessed their use and prescribed only licenced medicines for these treatments. This was in line with guidance from the National Institute for Health and Care Excellence (NICE), the Royal College of Physicians for the treatment of obesity and the British Menopause Society, which do not recommend using unlicensed medicines.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Guidance was included with prescriptions and the provider ensured that patients had an understanding of the risks and benefits of different medicines before issuing prescriptions.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues. The provider's business continuity policy covered loss of utilities, services and premises. For example, the provider had a cold chain policy and back-up fridge for medicines to use in cases of power failure.
- There had been no clinical incidents in the past year but the provider understood the importance of recording, reviewing and reporting on clinical incidents.
- 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.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. There had been no clinical incidents or themes to learn from, but the service had experienced a loss of water services in the past year. This had led to the rescheduling of appointments and apologies to patients.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

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 provider had written treatment protocols and patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. The consultation process included a full medical history, lifestyle review, previous treatment history and a discussion about the patients' treatment ambitions and expectations.
- The provider requested information from patients' GP or consultant when necessary. This was not consistently provided by external clinicians and the provider worked with patients to help them obtain important information about their medical history from NHS sources.
- The provider had enough information to make or confirm a treatment plan, based on shared medical information and diagnostic test results. Any plan was discussed and agreed with the patient.
- We saw no evidence of discrimination when making care and treatment decisions. Patients told us the provider was non-judgemental and supportive in explaining options and providing guidance.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the provider had increased the frequency of phone reviews with patients in their first month of weight management. This had been implemented to help reinforce patients' understanding and commitment to lifestyle changes as part of the weight management programme.
- The service made improvements through the use of completed audits. 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. NICE guidance for weight management recommends the use of specific medicines based on factors including a minimum body mass index and risk factors related to diabetes, cardiovascular disease, ethnicity and lifestyle. They used this NICE guidance to assess outcomes for their patients. The audit process included a review of patients who remained on the medication treatment after 16 weeks without a 5% weight loss, which would indicate the programme was not achieving effective outcomes. There were no patients identified in this position, however the audit would continue, as few patients had been on the programme for a full 16 weeks in 2023.
- Audit showed that those who were not suitable for weight medication received a range of patient-centred advice and education and a letter to share with their NHS care professional.
- Audits of clinical records also identified areas for improvement and development. Such as the need to implement an improved records management system and find solutions to sharing NHS patient data more effectively from patients' NHS clinicians.
- The provider identified risks to achieving the target outcomes for patients. For example, the risk assessment for weight management included the risk associated with recent failures in the supply of the medicine (a known national issue at the time of inspection) and the impact this might have on patients' commitment to the plan and achieving their target outcomes.

Effective staffing

Are services effective?

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

- The provider was a registered GP and trained as a certified Lifestyle Medicine Physician British Society of Lifestyle Medicine and International Board of Lifestyle Medicine. She was a member of the British Menopause Society and the Faculty of Sexual and Reproductive Health. She regularly attended educational webinars and completed training in 2021 from the World Obesity Federation to support patients presenting with obesity and considering bariatric surgery.
- The provider had an induction and orientation programme for new staff.
- Relevant professionals were registered with their professional bodies, such as the General Medical Council (GMC) and were up to date with revalidation.
- Up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff communicated effectively with other health professionals involved in patient care. This included asking for information from consultants and sharing information, such as prescribed medicines, with the patients' GPs.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, medical history (including medicines) and any relevant test results. The consultation was used for 2-way discussions about the patients' concerns and ambitions for treatment. This often led to further diagnostic tests and detailed discussions about the results. We saw an example of how the review of diagnostic tests, combined with the patient's medical history resulted in developing a different treatment plan from that initially anticipated. Patients we spoke with valued this holistic approach to their care.
- There were examples of patients being signposted to more suitable sources of treatment depending on their aims, expectation, medical history or preferences.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma.
- Patient information was shared appropriately, and this included when patients moved to other professional services.

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 provider's whole ethos to care and treatment was to support patients with managing their own health and care. This included giving guidance on lifestyle changes, diet and nutrition. Patients told us the approach meant they felt empowered to make long-term changes to improve their health and wellbeing.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, results from diagnostic tests and details of medicine prescriptions.
- Where patients' needs could not be met by the service, the provider gave reasons and recommendations for further care. The service supported patients when they were discharged from medical care, for example when they had completed a course of weight loss medication. This support included guidance on healthy eating, physical activity and person-specific changes.

Are services effective?

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making. Consent was consistently sought to initiate a treatment plan and to share prescription details with the patients' GPs in line with risk assessments.
- Patients told us that the provider checked their understanding of treatments and the risks, benefits and plan, before requesting consent. They felt empowered and supported to manage their own health.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. There was a box for comments cards in reception and a review of 12 cards showed a consistently positive experience of care. The provider had regular monitoring calls with patients and gained a good understanding of patients' experiences of care and treatment.
- The patient feedback we received and reviewed showed people were consistently complimentary about the way staff treated people. We spoke with 7 patients as part of the inspection and reviewed feedback received by CQC over the past year. We heard comments valuing the empathy and compassion of staff, that they were helpful and showed understanding. Patients appreciated being treated with respect, kindness and professionalism. For example, patients said the provider made them feel comfortable to talk openly and they were never rushed.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. For example, people said they were quickly put at ease during their appointments.
- The service gave patients timely support and information. Patients commented on the quick responses to any questions they raised, even if they messaged the provider outside of normal business hours.

Involvement in decisions about care and treatment

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

- Patients told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choices of treatments available to them. Patients told us they appreciated the time given for their initial consultations as well as for monitoring calls and appointments. They said this enabled them to explore their medical history and consider their own aims and ambitions. One patient told us how the provider had explored and discussed their full medical history to better understand their baseline mineral levels, and modify their treatment accordingly. They said this had made a major impact on their wellbeing.
- They said they were given time to understand treatment options and had ample time to discuss risks, benefits and likely outcomes. They understood their treatment plans and expected outcomes, because they had been fully involved in discussions about their lifestyle, medical history and diagnostic test results.
- Patients assured us they were encouraged to take time to consider options and were not rushed to make decisions about their care.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Consultations were held in private and patients confirmed their identity was regularly checked.

Are services responsive to people's needs?

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 understood the needs of their patients and improved services in response to those needs. For example, the provider had extended the holistic, lifestyle services offered, to include a mental health support service. It had recruited a psychiatrist under practicing privileges (a local, contracted agreement) to offer assessment, diagnosis and treatment for non-acute mental health conditions.
- The facilities and premises were appropriate for the services delivered. The premises were designed to be clinically safe and accessible. There was a downstairs clinic room and accessible toilet. The main clinical room was upstairs, but appointments could be held in the ground floor clinical room if needed. There was a small waiting room and ample parking.
- Most patients could communicate in English or could bring an interpreter. The provider could access language support for patients if necessary.
- There were a range of information brochures relevant to the treatments offered, in the waiting room, and the provider displayed their qualification certificates in the main treatment room.
- The informative website outlined the services offered, the provider's approach to holistic, integrated health care in relation to lifestyle, weight management and hormones and prices. There was information about the treatments offered and how patient care would be supported. For example, information about treatments included descriptions of commonly prescribed hormones, their uses and side effects.
- Patients who, in the provider's opinion, may lack the capacity to understand and provide informed consent to treatment, were advised to seek care through their NHS GP

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. Appointments were available on Tuesdays, Thursdays and Fridays. The provider was available 5 days a week and responded to questions outside normal working hours. Patients told us the service offered a high degree of flexibility which they appreciated.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients were informed before their appointment if the doctor was not available on the rare occasions this happened. For example, when there had been a local failure in water supply, the provider had rescheduled appointments to meet the patients' own needs and availability.
- Patients told us that access to appointments and communication with the service was good.

Listening and learning from concerns and complaints

The service took concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service had a complaints policy and procedure and these were available on the website. There had been no complaints since the service opened.

Are services responsive to people's needs?

- Although there had been no complaints, patients we spoke with said they would be confident to raise concerns if they had any. They said they were confident that in such circumstances they would be treated compassionately and professionally.
- The service's complaints process meant they informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. If they were not satisfied with the outcome of the complaint investigation, they could escalate their concerns to The Independent Doctors Federation for further investigation.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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

- The service consisted of the responsible individual and a practice coordinator. They worked closely to support the needs of the business and patients.
- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider had the skills required for their role as an independent doctor. They had previously worked as an NHS GP. They were a lifestyle medicine physician certified by the BSLM (British Society of Lifestyle Medicine) and IBLM (International Board of Lifestyle Medicine). They had also trained as an aesthetics complications expert and had completed a range of training programmes related to obesity management and reproductive health.
- Our Private Doctor's statement of purpose described the range of services offered as private medical assessment, diagnosis and treatment for common or routine conditions. The service has sufficient capacity to meet the current patient demand and the business focus was on a lifestyle-specific range of services. The provider had recently added non-acute mental health services, offering clinical psychiatric services.
- The provider had invested in the premises to allow for future developments and potential expansion of the business.

Vision and strategy

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

- There was a set of values to improve patients' health and wellbeing based on their individual needs. The provider had identified a set of objectives for the service to promote safe, high quality and compassionate care. The service had supporting business plans to achieve priorities.
- There was a focus on delivering high quality care and the practice coordinator was encouraged to contribute ideas to promote quality and safety.

Culture

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

- Staff felt respected, supported and valued. They told us they enjoyed working at the service and they had contributed to developing the job specification.
- The service focused on the needs of patients. This was confirmed by feedback we collected from talking with patients and from feedback on care emails we received from patients in July 2022. These all demonstrated that patients were positive about the quality and the person-centred approach of care.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. There had been no incidents or complaints in the past year. The patients we spoke with said if they had any issues they were confident they would be dealt with professionally and with openness and honesty.
- Staff told us there was a collaborative ethos and they could raise concerns and were encouraged to do so.
- There were processes for providing staff with the support, training and development they need. Staff had appraisals and regular catch-up meetings.
- The safety and well-being of staff was prioritised. There was a lone working policy to minimise the risks to anyone working alone in the building.

Are services well-led?

- There were positive relationships between staff.

Governance arrangements

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

- This is a small service, and the individual provider was accountable for governance arrangements. This included establishing and reviewing policies and ensuring the service was managed safely and effectively. The provider had established policies, procedures and activities to promote safety. These included safe management of patient identifiable data and records. The practice coordinator was trained to carry out monitoring activities, such as those relating to infection prevention and control and medicine management.
- There had been local audits of the premises and of including information sheets with prescriptions.
- Staff were clear on their roles and accountabilities. They did not work outside their competencies or job specifications.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Clinical audit had a positive impact on quality of care and outcomes for patients. Further audits would be facilitated by an improved records management system. This was a development in process of implementation by the provider.
- The provider had a business continuity plan, staff induction and orientation plans, to minimise risks for staff and patients.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Views of patients were consistently positive and feedback from patients had led to the development of the counselling and mental health support service.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The provider had recently purchased the license for a new document management system to combine paper and electronic records.

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 heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. There was a feedback box in reception and forms for patients to complete. There had been 12 completed responses and they were consistently positive about the quality and standards of care.
- Patients told us the service was professional, person-centred, friendly and transparent. They commented on receiving care and treatment from knowledgeable caring staff, and receiving clear explanations, time to consider options and effective communications.

Continuous improvement and innovation

Are services well-led?

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

- There was a strong focus on continuous learning and improvement. The provider ensured they maintained their skills and knowledge and sought opportunities to develop services for patients.