

Bupa Occupational Health Limited

Bupa Centre - Bristol

Inspection report

The Spectrum

Bond Street

Bristol BS1 3LG

Tel: 0117 912 2900

Website: www.bupa.co.uk

Date of inspection visit: 8 January 2019

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Overall summary

We carried out an announced comprehensive inspection on 8 January 2019 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.

Bupa Centre – Bristol is part of the Bupa Occupational Health Limited which provides private health assessments, occupational health service and an independent doctor consultation service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At BUPA Centre Bristol services are provided to patients under arrangements made by their employer or an insurance company with whom the service user holds a policy. These types of arrangements are exempt by law from CQC regulation. Therefore, at BUPA Centre Bristol we were only able to inspect the services which are not arranged for patients by their employers or an insurance company with whom the patient holds a policy.

The centre manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Fifteen people provided feedback about the service. The feedback was positive and cited the good practice experienced by patients they described the service as being professional and friendly, with several comments about being listened to and feeling very comfortable with the approach and manner to them from the staff.

Our key findings were:

- There was a transparent approach to safety with demonstrably effective systems in place for reporting and recording incidents.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- All consultation rooms were well organised and equipped, with good light and ventilation.

- There were systems in place to check all equipment had been serviced regularly.
- Clinicians regularly assessed patients according to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence.
- The staff team maintained the necessary skills and competence to support the needs of patients.
- The staff team were up to date with current guidelines and were led by a proactive provider.
- Risks to patients were well managed for example, there was a quarterly emergency scenario exercise, in addition to yearly training, to ensure all staff could recognise and respond effectively to medical emergencies.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Bupa Centre – Bristol

Detailed findings

Background to this inspection

Bupa Centre – Bristol is provider by Bupa Occupational Health Limited.

It operates from:

The Spectrum

Bond Street

Bristol BS1 3LG

www.bupa.co.uk

Where they are registered to deliver the following regulated activities:

Treatment of disease, disorder or injury

Diagnostic and screening procedures

Surgical procedures

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

The service hosts various specialist health care consultant services such as dermatology and orthopaedics. There is a musculoskeletal service with a physiotherapy department able to offer a variety of services including ultrasound. They have an onsite biochemistry blood and urine testing service.

The services are available to the wider population of Bristol and they undertake between 200-500 consultations per month, 5% of which are for GP or dermatology services.

The core hours for the service are:

Monday 8am-7.30pm

Tuesday 8am-6pm

Wednesday 8am- 6pm

Thursday 7.30am-8pm

Friday 8am-6pm

The staff employed at the centre included:

- Health Screening Doctors (four sessional doctors both female and male which offers choice to patients)
- Health Advisers (six staff trained in phlebotomy, electrocardiography (ECG) and to give health advice)
- Dermatologist (on a sessional basis)
- Musculo – skeletal physician (two sessional staff)
- Physiotherapist
- Chiropractor
- Administration (seven staff)
- The centre manager also acts as the registered manager.

The centre is registered to treat both children and adults however only dermatological consultations are offered for children with a minimum age of 12 years old for any surgical procedures such as cryotherapy. All other services are for patients aged 18 and over.

We undertook the inspection on 8 January 2019. Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Information was gathered and reviewed before the inspection for example from notifications, pre-inspection information requests and questionnaires. During the inspection we spoke with staff, reviewed documents and records and received patient feedback from comment cards.

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

We found that this service was providing safe services in accordance with the relevant regulations. The service had processes and services to minimise risks to patient safety. We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. Risk assessments relating to the health, safety and welfare of patients using the service had been completed in full. The provider demonstrated that they understood their safeguarding responsibilities. The practice had adequate arrangements to respond to emergencies and major incidents.

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. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Information about the local safeguarding teams contact details were available in consultations rooms, administrative office's and the staff room. Policies were regularly reviewed and were accessible to all staff, including sessional staff. They outlined clearly who to go to for further guidance.
- The service had systems in place to assure that an adult accompanying a child had parental authority. They insisted that children were always accompanied by an adult whilst on-site and staff were not permitted to look after children whilst parents received treatment.
- 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 provider's policy was that they carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were

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- 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 provider's policy was that they 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).

Are services safe?

- 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.
- There was an effective system to manage infection prevention and control. There was a risk assessment for Legionella which identified risks and the preventive measures required to minimise risk to patients and staff. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The service was equipped to deal with medical emergencies. Resuscitation equipment and emergency medicines were readily available which met Resuscitation Council UK guidelines; all staff were suitably trained in emergency procedures. Annual basic life support training was undertaken by all staff; in addition, they held a quarterly emergency scenario exercise to practice their assigned roles and using their equipment.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities; for example, the service maintained copies of indemnity for all sessional staff and the provider had indemnity insurance for all other staff.

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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with the Department of Health and Social Care guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there is a different approach taken from national guidance there is a clear rationale for this that protects patient safety.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children; patients were required to provide photographic proof of identity to access services.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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

Are services safe?

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. Leaders and managers supported them when they did so. We reviewed the process for significant events which was comprehensive and included learning points for staff and aligned to the follow up actions taken by the service. The example we looked at identified a delay in sending the GP letter. There was no impact on the patient; the service reviewed the incident as part of their risk management and governance processes and was a learning point within the clinicians meeting.
- The service learned and shared lessons identified themes and took action to improve safety in the service. There was a positive culture for reporting incidents and staff were encouraged to do so; in addition, provider circulated a monthly bulletin in which information about incidents/near misses was shared. We reviewed one incident in which the lead GP had been alerted by the organisational “Urgent Referral Fail Safe” system

that an urgent referral had been missed. The investigation found that the way the system had been set up it did not include all appointment types and subsequently the failsafe system was changed to do so.

- 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

When there were unexpected or unintended safety incidents:

- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations. The service provided evidence based care which was focussed on the needs of the patients. Patients received a comprehensive assessment of their health needs which included their medical history. The service encouraged and supported patients to be involved in monitoring and managing their health. There was effective staffing; clinicians were registered with the appropriate professional regulatory body and had opportunities for continuing professional development to meet the requirements of their professional registration. Consent was sought and recorded before treatment and for information sharing; the provider demonstrated a thorough understanding of the Mental Capacity Act 2005.

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.

- 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis, and were able to access specialist clinical support when needed.
- We saw no evidence of discrimination when making care and treatment decisions. The service offered consultations to the general public and did not discriminate against any patient group. It had clear information on the website about the type of patients for whom the service was suitable.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, they used national guidance and information to update their protocols.
- The service made improvements through the use of completed audits. 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. We saw a two-cycle audit of screening for patients at risk of chronic kidney disease where the second audit showed an improvement from 28% to 78% for screening of patient who met the 'at risk' criteria.

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 for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, the provider offered clinical staff a clinical professional development weekend which was free of charge.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. Where a diagnosis was for a serious health condition then patients were further involved in discussions about their best interests and the availability of suitable secondary care treatment. We saw referral letters for secondary care and the process to follow up with patients where an urgent secondary care consultation was indicated.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines

Are services effective?

(for example, treatment is effective)

history. We saw examples of patients being signposted to more suitable resources where this information indicated the service was not able to ensure safety such as with acute mental illness.

- 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; for example, there was a robust prescribing which was very clear and placed limitations on prescribing which was monitored at a national level. All prescriptions are generated through the electronic patient record system and provide a clear audit trail.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, we read an incident which had been raised when a patient had contacted the service following an accident; we saw the service had ensured they had attended for emergency treatment and gained consent to speak directly to their NHS GP about access to preventative services.
- 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 relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who have been referred to other services with the “Urgent Referral Fail Safe” system.

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.

- Where appropriate, staff gave people advice so they could self-care. The service supported national priorities and initiatives to improve the population’s health, for example, stop smoking campaigns, tackling obesity by giving self-care advice or referring to other services. We saw compliments from patients who had received and followed advice given and positive statements about the impact on their health.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them 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.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient’s mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. Consent forms included detail about the potential risk factors of any treatment such as cryotherapy.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations. Patients indicated through feedback they were listened to, treated with respect and kindness, and were involved in the discussion of their treatment options which included any risks, benefits and costs.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- Staff 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.

Patients had access to information about the clinicians working for the service on the website.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- The service routinely requested feedback from patients and actively followed up any adverse experiences. We saw that the service collated compliments received from patients and shared them directly with the staff involved.
- We made patient comment cards available at the service prior to our inspection visit. There were 15 completed comment cards all of which were positive and complimentary about the service and the friendly caring staff team. 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 treatment available to them.
- For patients with learning disabilities or complex social needs family, or carers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect; we observed that members of staff were courteous and helpful to patients and treated them with respect. The feedback we saw was positive about the service experienced.
- Staff knew that if 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

We found that this service was providing responsive care in accordance with the relevant regulations. The service was responsive and ensured there was timely access to the service with a range of appointment times available. The provider handled complaints in an open and transparent way, the complaint procedure was readily available for patients to read in the reception area.

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.

- Patients were routinely advised of the expected fee for the proposed treatment or consultation in advance of treatment being initiated. This information was also available on the website.
- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The facilities at the location complied with the Disability Discrimination Act 2005; they were comfortable and welcoming for patients, with a manned reception area and an inner waiting room with refreshments available for patients. As part of the refurbishment for June 2019, the service had planned a dementia friendly environment.

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 service undertook a range of onsite tests such as electrocardiographs, and

offered a range of testing service such as blood tests. Patients were always contacted direct by the clinician when the test results had been received as part of the follow up of their consultation.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use. The service offered flexible opening hours and appointments to meet the needs of their patients.
- Referrals and transfers to other services were undertaken in a timely way. The policies for the organisation were clear on timescales for referrals and there were fail safe systems in place to ensure patients had the care that was recommended. We saw the system for patients where cancer was suspected ensured that patients were followed up by the service within two weeks following referral.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and also from analysis of trends. It acted as a result to improve the quality of care. We reviewed a complaint from a patient about the way in which an abnormal result had been communicated. We saw the complaint had been dealt with according to their policy and within timescale. The service had shared the learning from the complaint with the complainant as well as confirming the action they had taken to prevent reoccurrence.

Are services well-led?

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

Our findings

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

There was a management structure in place and the provider had the managerial capacity to run the service. There were clinical governance and risk management structures which monitored performance. There was a pro-active approach to identify safety issues and the provider acted on this information to make improvements in procedures where needed. Risks to patients and staff were assessed and the provider audited areas of their practice as part of a system of continuous improvement. The views of patients were sought, and policies and procedures were in place to support the safe running of the service. There was a focus on improvement within the service.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including offering career development to train future leaders for the service.

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 developed its vision, values and strategy jointly with staff and external partners (where relevant) and was
- Staff were aware of and understood the vision, values and strategy and their role in achieving them; the staff we spoke with shared the service ethos and vision.

- The service monitored progress against delivery of the strategy.

Culture

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

- The provider had a culture of recognition of what staff do to make the service successful so that staff felt respected, supported and valued. For example, there was a national employee award scheme which staff had been nominated to receive.
- There was a low level of staff turnover; staff told us they were proud to work for the service.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff; employee wellbeing was part of the service improvement plan. Improvements that had been actioned for staff included fresh fruit being available in the staff room; a monthly social calendar for events; improved bicycle storage.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.

Are services well-led?

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

- There were positive relationships between staff and teams. There was a shared service ethos which put patients first; positive messages were shared throughout the team by email and through meetings and publications.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There was an established process of peer review by the lead clinician to assure the quality of consultations.

Managing risks, issues and performance

There were clear and 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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

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, for example, patients feedback was closely monitored and discussed at monthly meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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 public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. All patients were contacted electronically post appointment for their views on the service; patients who recorded lower satisfaction were contacted personally to obtain reasons and views.
- Staff were able to describe to us the systems in place to give feedback through employee listening meetings or verbally; locally we saw they were encouraged to contribute to the centre 'wish list' for the forthcoming refurbishment.
- Staff could participate in the regular People Pulse Survey. We were told that following feedback from staff senior management visited the service more frequently so that staff knew who they were.
- The provider had an area of their website devoted to staff with access to a health and wellbeing programme.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

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

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements, for example we saw from the minutes of the doctor's meetings that new guidance was discussed, and the meeting was used as a forum for clinical discussion and support.
- 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 within the service action plan. This contained action points for all staff to be involved in achieving both within the centre and in the community. For example:
- the service offered local GP practices a quarterly 'lunch and learn' session to share clinical education opportunities;
- the service sponsored a local community group each year which promoted the health and wellbeing message;
- the staff recorded short informational videos related to health and well-being and posted them on the service Facebook page.