Victoria Dental & Healthcare

Inspection report

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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?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

This service is rated as Good overall. (Previous inspection 02/08/2018)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

Victoria Dental & Healthcare Limited provides private dental and medical health care services.

This inspection relates to the medical health care services only.

We previously inspected the medical health section of the service provided by Victoria Dental & Healthcare Limited in October 2017 and August 2018. The full comprehensive reports for these inspections and the inspection report for the dental service (October 2017) can be found by selecting the 'all services' link for Victoria Dental & Healthcare Limited on our website at www.cqc.org.uk.

We carried out this announced comprehensive inspection at Victoria Dental & Healthcare Limited on 29 July 2019. The purpose of this inspection was to investigate some anonymous allegations regarding medical practices; and in accordance with our updated methodology to inspect all key questions and provide a quality rating for the medical services provided.

Victoria Dental & Healthcare Limited offer private fee-based appointments to patients with registered medical doctors. The healthcare specialities offered by the service include gynaecology, general medicine, dermatology and psychiatry. Many of the patients that use the service are Polish and the medical doctors are also Polish.

Mrs Maria Kucharska-Piotrowicz is the registered manager (and a registered dentist). 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 completed comment cards (plus two completed internal patient feedback forms) where people who used the service shared their views and experiences of the service. All comments received were positive about the service.

Our key findings were:

- We could find no evidence to substantiate the anonymous allegations reported to the CQC. For example, all medical doctors working for the service were appropriately trained, registered with the General Medical Council and had licences to practice in the UK. Medicines were prescribed correctly to patients and in accordance with guidance; systems to ensure blood test results were shared with the patient and their NHS GP (if consent was received) were established and the nurse working at the service was registered with the Nursing and Midwifery Council (NMC).
- The service had 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. However, some recruitment records required improvement.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Appropriate medical records were maintained, although these were hand written.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- There was a focus on continuous learning and improvement at all levels of the organisation. The registered manager had acted in response to areas we recommended should be improved at the last inspection. This included strengthening the service response to patient refusal for further tests and investigations, ensuring records logs of test results were maintained and patients notified, and improving consistency to ensure as far as possible the patients' NHS GP was informed of test results and the implementation of a protocol to ensure parental identity was confirmed.

Overall summary

- Management oversight of staff training, professional registration and annual appraisal was established
- Information about services and how to complain was available. We found the systems and processes in place to manage and investigate complaints were effective.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure specified information is available regarding each person employed.

(Please see the specific details on action required at the end of this report).

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

- Improve written documentation so that confirmation of parental identification is consistently recorded.
- Records translated from Polish, such as significant events, should reflect all the details of the incident such as the date of the incident, the date action was taken.
- Strengthen the sharing of alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) with the medical doctors by forwarding to them the monthly MHRA 'Drug Safety Update'.
- Implement the planned improvement to patient records by introducing an electronic patient record system.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser.

Background to Victoria Dental & Healthcare

Victoria Dental & Healthcare (which operates as Victoria Clinic), 109 Corporation Street, Manchester M4 4DX is registered with the Care Quality Commission (CQC) as an independent provider of dental and medical services and treats both adults and children at one location in Manchester. The web address for the service is: victoriaclinicmanchester.uk/home

The location provides a modern spacious facility with adaptions to support people with disabilities.

The service is registered with the CQC to provide the following regulated activities:

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder and injury

Maternity and midwifery services.

Family planning

Services are provided primarily to Polish people who live in the United Kingdom with English as a second language and are available on a pre-bookable appointment basis.

This is not a GP service. The service employs doctors on a sessional basis who are working within their specialised field of either gynaecology, internal medicine, dermatology, orthopaedics or psychiatry. Medical consultations and diagnostic tests are provided by the service. Only minor surgical procedures are carried out. Appointments for acute illness and routine reviews of long-term conditions are not usually provided.

All the doctors are appropriately registered with the General Medical Council (GMC). The nurse is registered with the Nursing and Midwifery Council (NMC).

Victoria Clinic opens from 11am until 10pm on Wednesday, Friday, Saturday and Sunday, 11am until 9pm on Thursdays and from 11am until 6pm on Monday and Tuesday. However, the opening times are flexible to meet patient demand. The provider is not required to offer an out of hour's service or emergency care. Patients who require emergency medical assistance or out of hours services are requested to contact the NHS 111 service or attend the local accident and emergency department.

How we inspected this service

During our inspection we spoke with the registered manager, the service manager, the head nurse and one receptionist. We also viewed a sample of patient records, personnel files, training records, service policies and procedures and other records about how the service is managed. We received 16 patient CQC comments cards these all contained positive comments.

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

•Is it safe?

•Is it effective?

•Is it caring?

•Is it responsive to people's needs?

•Is it well-led?

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

Requires improvement

Are services safe?

We rated safe as Requires improvement because:

Some recruitment information required by regulation was not available.

However, the registered manager took immediate action to commence rectifying this. (See full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse, although some recruitment records required improvement.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were reviewed and communicated to staff including sessional staff. The policies 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 to safeguard children and vulnerable adults from abuse.
- Since the last inspection in August 2018 the service had strengthened their procedures to ensure that the adult accompanying a child had parental authority. The staff interviewed were all clear on the protocol to advise parents that photographic identification was required from the child's parent when they arrived for the medical appointment and without this the consultation could not proceed. We noted that not all patient records consistently recorded parental identification had been obtained. We discussed this with the registered manager who confirmed this was so they did not breach the General Data Protection Regulation (GDPR). We discussed how this information could be recorded without breaching any of the data regulations.
- 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 team provided two recent examples where they had reported safeguarding concerns appropriately to relevant safeguarding teams. The sample of staff training records reviewed showed that staff were trained to the appropriate levels. Medical doctor records showed they had been trained to safeguarding level 3 and training certificate demonstrated regular updates were undertaken. The registered nurse was trained to level 2 and following our discussion confirmed additional training to level 3 would be undertaken. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. However, we noted that Disclosure and Barring Service (DBS) checks were not undertaken for the medical doctors and clinicians who worked on a sessional basis to provide medical services. DBS certificates from the clinicians former or other employers were available. (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). In addition, we noted other gaps including evidence of conduct from previous employment was not consistently obtained; one staff file did not contain evidence of identification and information to demonstrate gaps in employment history had been reviewed was not readily available. This we were told was stored separately. The registered manager responded immediately to the gaps and confirmed within less than 24 hours applications for DBS checks.
- The premises were modern bright and spacious. All areas were clean and tidy. Cleaning schedules and check lists were in place for the different treatment rooms and communal areas. Regular cleaning audits were completed.
- Infection prevention and control audits were undertaken and supported with daily checks. Staff had completed infection prevention control training.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order. This included fire safety and electrical and calibration checks on equipment.
- The service had procedures to reduce the possibility of Legionella or other bacteria developing in their water systems. A legionella risk assessment was in place.
- Arrangements for managing waste and clinical specimens kept people safe.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

Requires improvement

Are services safe?

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. The service monitored patients demand and adapted the availability of appointments to meet the demand.
- There was an effective induction system for all new staff tailored to their role. The service did not use agency or locum staff. The medical doctors and clinicians used on a sessional basis were all long-term regular staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Medical consultations for acute illness were not routinely offered by service, however staff knew how to identify and manage patients with severe infections, for example sepsis.
- The service had a defibrillator and oxygen available on the premises. Regular maintenance and checks were undertaken to ensure these were in good working order.
- A first aid kit and accident book were available.
- All staff received twice yearly basic life support training.
- Emergency medicines were easily available to staff in a secure area of the service and all staff knew of their location.
- All the medicines we checked were stored securely and a system was in place to ensure they remained in date and fit for use.
- Appropriate medical indemnity insurance was in place for all clinical 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 hand written documents. We reviewed a sample of these and they contained information about the patient and consultations undertaken. Medical notes were recorded in English. Patients records were stored securely. The registered manager confirmed they planned to introduce an electronic patient record system but until very recently the internet connection speed at the service was very poor and had only been recently upgraded following a protracted period of negotiation. The manager confirmed they were now reviewing systems to ensure the cyber safety of electronic information before introducing the patient record system.
- 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 introduced a system of audit reviewing the medical clinician records to ensure vital observations such as temperature, pulse, blood pressure and weight were recorded. Records demonstrated that the medical doctors were advised of gaps in their recording of consultations and were requested to improve.
- Systems to ensure pathology results were received and responded to were in place. A log of all tests undertaken, and a log of the results was maintained.
- The medical doctor requesting the tests also contacted the patient with the results of the tests. If the patients refused additional treatment in light of the test results, the patient was advised to see their NHS GP and provided with a letter to take with them.
- The service tried to promote their policy of sharing of information with the patient's GP. The service's medicine management policy stated that that a patient's GP should be informed about any medicines prescribed to the patient. However, we heard that some patients refused permission for their GP to be contacted and other patients were not registered with a GP. One significant event recorded that the information provided by a patient about their NHS GP was incorrect and this was only identified when the GP surgery contacted the service to advise them of this.
- 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 Department of Health and Social Care (DHSC) 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 service kept no medicines in relation to medical health care other than medicines to respond to medical emergencies. The service did not undertake childhood immunisation and vaccinations, nor did it offer a travel vaccination or flu vaccination service.

Requires improvement

Are services safe?

- The arrangements to manage and monitor emergency medicines and equipment minimised risks.
- The medical service only issued private prescriptions and prescription stationery was stored securely and its use monitored.
- The registered manager confirmed that only medicines licensed for use in this country were prescribed by the medical doctors.
- We saw evidence that the service undertook prescribing audits for each medical doctor and this included antibiotic prescribing. Recent clinical supervision had been undertaken by an external GP. The record of the clinical supervision we viewed recorded that antibiotic prescribing had been discussed and stated that this was in line with national guidelines.

Track record on safety and incidents

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. For example, in the management of significant events.
- There was a system for receiving and acting on safety alerts as appropriate. The service forwarded on all safety alerts to each clinician including sessional doctors working at the service. This method of sharing alerts could be strengthened further by forwarding each month the 'drug safety update' document from the Medicines and Healthcare products Regulatory Agency (MHRA).

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. There had been four significant incidents since our last inspection. The service recorded significant events in Polish. (Polish was the first language of most of the staff employed at the service). The significant events were also transcribed into English and were available for us to read. We noted the transcribed copies did not contain any dates of when the incident occurred, date of action or date reviewed. It was confirmed this was an oversight, missed during transcription.
- We noted that significant event records provided an overview of the incident, what actions were taken and the lessons learned from this. In addition, the incident and actions undertaken were reviewed one month after the action had been implemented to review effectiveness of the action. Incidents that had been investigated included the details of a NHS GP provided by a patient – which were inaccurate. The outcome action from this was that the service checked with the NHS GP service that the details provided by the patient were accurate. Another significant incident reviewed the referral to safeguarding. The review identified that the actions undertaken were appropriate.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did 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.
- 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.

Good

Are services effective?

We rated effective as Good because:

The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.

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).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had the facilities and equipment to undertake diagnostic tests for example ultrasound and dermatoscope to support clinical assessments to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Despite the medical doctors working on a sessional basis, minutes of clinical meetings were available where the doctors shared clinical case reviews of the patients they had seen. Minutes demonstrated discussion and reflective practice.
- The service used information about care and treatment to make improvements. The service had undertaken clinical record audits to ensure patient vital observations were recorded advising clinicians of gaps in their records. Prescribing audits were undertaken and an external GP had undertaken clinical supervision with the medical doctors.
- Significant events and complaints were also used as tools review and improve service delivery.

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) and the Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- Staff confirmed that they received support to undertake training and were encouraged and given opportunities to develop. Up to date records of skills, qualifications and training were maintained.
- All staff had received training that included: safeguarding, basic life support, fire safety awareness, the Mental Capacity Act 2005, consent, confidentiality and equality and diversity. Role-specific training and updates was also provided for staff.
- All staff had received an appraisal in the last 12 months.
- Medical doctors provided evidence of their annual appraisal.

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. This included NHS GPs and secondary care services. For example, one patient's blood test received at the service on a Sunday required urgent action. The medical doctor contacted the patient and the patient's NHS GP and as a result secondary care investigation and treatment was commenced very quickly.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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. However not all patients were willing to provide consent, had a NHS GP or provided accurate details of their NHS GP.
- The medical doctors providing consultations at the service only worked within the scope of their expertise and prescribed appropriately. The registered manager confirmed that only licensed medicines available in the UK were prescribed.

Good

Are services effective?

- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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.

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 manage their own care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. The registered nurse provided lifestyle advice and support to patients which included smoking cessation, weight management and exercise.
- In addition, patient education regarding the person's individual health and wellbeing was undertaken by the clinician during the patient consultation. Computer simulation programmes to explain the importance of healthy lifestyles and different disease processes were used to support the clinician's discussion with patients.
- Where patient's 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.
- The service had a consent policy and staff understood the importance of obtaining and recording patients' consent to treatment. Bespoke consent forms had been developed for the different treatment available. The patient records we reviewed contained signed consent forms.
- The consent policy included information about the Mental Capacity Act 2005 and reference to Gillick competence (Gillick competence is used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge).
- All staff members we spoke with confirmed they had received training on their responsibilities under the Mental Capacity Act and had a good understanding of Gillick competency.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

We rated caring as Good because:

Staff responded to patients with kindness and respect and involved them in decisions about their care

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback received through the CQC comment cards was positive and referred to receiving care and treatment in a kind and respectful manner.
- Staff demonstrated a clear understanding of their role to provide a comprehensive customer service experience. The staff were mainly Polish, and the majority of patients who used the service were Polish. This allowed the staff to have a good understanding of their patients' personal, cultural, social and religious needs.
- The staff team could also communicate in English and some staff members were also able to communicate in other languages. The services offered were available to people of all nationalities.
- The staff team 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.

- Staff helped patients to be involved in decisions about care and treatment.
- The service gave patients clear information to help them make informed choices including information on the website. The information included details of the specialist doctors, the scope of services offered and the schedule of fees.
- Patients were also able to access information and patient feedback on a social media site.
- Patients told us through comment cards, that 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Facilities available at the service were spacious. Consultation rooms offered clean modern spaces that were private.
- Staff recognised the importance of people's dignity and respect. Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The service was responsive to patients' needs and took account of their preferences. Patients could access the service in a timely manner.

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. The medical service offered was a fee-based service. All patients attending the medical service referred themselves for consultation and treatment; none were referred from NHS services.
- The service made reasonable adjustments for patients with disabilities. This included a lift to access the facilities, an accessible toilet with hand rails and an assistance call bell. Baby changing facilities were available and there were play tables for children in the reception area.
- An information booklet explaining the service provided was available in the waiting room. This included arrangements for dealing with complaints and arrangements for respecting privacy and dignity.

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 displayed its opening hours in the premises, within their information leaflet and on their website.
- The service operated seven days each week generally between the hours of 11am and up to 10pm on four evening each week, up to 9pm one evening and up to 6pm two evening each week. However opening times were not rigid, and these were flexed to meet patient demand.
- Appointments were available on a pre-bookable basis. Urgent medical appointments were not provided.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

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 and complaints. It acted as a result to improve the quality of care.
- The service had received three complaints since the last inspection in August 2018. These were responded to following a full investigation, and included explanations and apologies as required. We noted that one complaint was also reviewed as a significant incident.

Good

Are services well-led?

We rated well-led as Good because:

Leadership oversight promoted good governance. Systems and processes were established to ensure risks were identified and managed.

Leadership capacity and capability;

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

- The registered manager was the leader for the service and was supported by a team of staff that included a manager, dentists, a head general nurse, dental nurses and reception staff. Medical doctors worked on a sessional basis. The registered manager and her team 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 registered manager had effective processes to develop leadership capacity and skills, including planning for the future leadership and development of 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.

- The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff. The registered manager had a clear vision and set of values to deliver high quality care.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The staff team we spoke with demonstrated commitment to this vision and were working with registered manager to achieve the best service for their patients.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff told us they felt respected, supported and valued.
- The service focused on the needs of patients.
- The registered manager and her service manager acted on behaviour and performance inconsistent 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 could 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.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between all the staff.

Governance arrangements

There were 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 registered manager confirmed they believed the planned introduction of electronic patient records for the medical consultations would promote improved monitoring and governance. Other records including policies and procedures were paper based and we discussed the potential improvements an electronic document management system would provide for the service.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Good

Are services well-led?

There were clear and effective around 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 commissioned an external company to undertake annual health and safety assessments.
- 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.
- 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 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, and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and acted on them to shape services and culture.
- We reviewed a sample of nine patient feedback responses following medical consultation from between July and August 2019. These all rated different aspects of the service received either as good or very good.
- Patients could post feedback and ask questions on the provider's social media page.
- The 16 CQC feedback comment cards received all recorded positive feedback about the services provided at Victoria Clinic
- Staff were encouraged to share their views and opinions and monthly meeting were undertaken to discuss the service and how to improve.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The registered manager and her team were focused on continuous learning and improvement. They listened and responded to feedback provided through the CQC inspection process.
- The reviews of incidents and complaints were used as opportunities to share learning and make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement for example the use of an external GP to provide clinical supervision /audit for the sessional medical doctors.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** **The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:** • DBS checks on medical doctors and clinicians had not been undertaken by the provider of the service. • Records demonstrating satisfactory evidence of conduct in previous employment such as professional and personal references were not consistently available nor was evidence of staff identity consistently available. • Records were not available onsite to demonstrate that the work history of employees had been reviewed. Regulation 19(3)