112 Harley Street

Inspection report

112 Harley Street
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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. (Previous inspection 2 February 2022 – Requires improvement)

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 112 Harley Street, to follow up on breaches of regulations.

The service is a small private GP practice with cardiac services. CQC inspected the service on 2 February 2022 and asked the provider to make improvements regarding significant events and safety management, staff recruitment and training and overall governance. We checked these areas as part of this comprehensive inspection on 23 February 2023 and found the required improvements had been made.

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 112 Harley Street, services are provided to patients under arrangements made by their employer/ a government department/ an insurance provider with whom the servicer user holds an insurance policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at 112 Harley Street, we were only able to inspect the services which are not arranged for patients by their employers/ a government department/an insurance provider with whom the patient holds a policy (other than a standard health insurance policy).

One of the doctors at the service is the registered manager. 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.

Our key findings were:

- The service had succeeded in making a range of improvements. For example, the service had comprehensive policies and established reliable systems to keep people safe. Policies and procedures were maintained in an organised way and easily accessible to staff.
- There were safe procedures for managing medical emergencies including access to emergency medicines and equipment.
- The premises were clean and well maintained. There were effective systems in place to reduce the risk and spread of infection.
- Leaders had established policies, procedures and activities to ensure safety and had assured themselves that they were operating as intended.

Overall summary

- Records were written and managed in a way to keep people safe. Patient notes were easily accessible in an emergency and it was possible for the provider to share information with other services when there was an urgent need.
- Patients' needs were effectively assessed, and care and treatment were delivered appropriately. The service prescribed medicines safely.
- Patients were treated with kindness, respect and compassion. Staff helped patients to be involved in decisions about their care and treatment.
- The provider had implemented a sustainable action plan to address the issues we identified at the last inspection. For example, the governance arrangements had been strengthened, especially in relation to identifying, managing and mitigating risks.

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

- Take action to ensure that information about how to make a complaint is displayed in the clinic.
- Make access information available for patients on the service website.
- Continue to improve the safety alerts protocol to ensure that it remains effective and relevant.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to 112 Harley Street

TIC Health 112 Harley Street is an independent health service that occupies rooms on the 3rd floor of 112 Harley Street, a building managed by London Women's Clinic. Its opening hours are Monday to Friday 0800 – 1730. Their website address is: www.tichealth.co.uk

The service is operated by TIC Health which is an independent healthcare company that mainly provides insurance and medicals for the cruise ship industry which do not fall within the scope of CQC regulation. The service offers a private General Practice service which falls within the scope of CQC regulation. This service includes cardiac screening and diagnostics, vaccinations, and onward referrals. The service also accepts referrals from other practices in the area.

At the time of this inspection the private GP service had only seen a small number of patients since they registered with the Care Quality Commission in August 2021.

The service employs three doctors, a practice manager, a cardiac technician, a clinic supervisor and administrative staff.

TIC Health 112 Harley Street are registered with the Care Quality Commission (CQC) to provide:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

How we inspected this service

The inspection was completed by a CQC Lead Inspector and a GP specialist advisor.

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.

Good

Are services safe?

We rated safe as Good because:

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

At our last inspection in February 2022, the provider had not managed the systems to keep people safe and safeguarded from abuse, effectively. We told the provider they must improve these areas. At this inspection, we found arrangements had improved in relation to safety assurance procedures and policies, staff recruitment and induction, significant event management, emergency medicines and medicines management.

Safety systems and processes

- At our last inspection, we did not see evidence of comprehensive, regular safety risk assessments carried out by the service. The provider did not have sufficient oversight of the risks associated with the areas of the building they occupied. For example, risks relating to the fire safety of the building. At this inspection, the service had reviewed policies associated with the service's premises and had implemented their own formal safety risk assessments to be carried out at regular intervals to reduce risks to patients and staff. For example, we saw documented fire safety risk assessments and equipment checks, fire drills, electrical safety checks and water safety checks.
- The building management carried out formal safety risk assessments in relation to fire and health and safety. At this inspection, the provider could demonstrate they effectively monitored and reviewed this activity. The provider had checked that priority actions from the fire safety risk assessment were completed.
- At our last inspection, the service did not have clear and organised policies around safeguarding and keeping people safe from abuse. At this inspection, the service had purchased a software package and built a central policy system to ensure policies were maintained in an organised way and easily accessible to staff. We found the service had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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).
- At the last inspection, there was no clear recruitment policy. We found the provider did not routinely request references at the time of recruitment and had no risk assessment in place in the absence of references. We were told references had not been requested for two members of administrative staff and no risk assessment had been carried out to decide whether or not it was safe to offer these applicants employment without references. At this inspection, the service had a recruitment policy in place setting out how people would be recruited to roles within the service and what checks were to be carried out. At this inspection, we found that the service had employed a number of new staff who had only been in post for short time. We checked five staff files and saw references had been requested for all of these members of staff. The service's HR manager showed us copies of risk assessments in place in the absence of references, for any new member of staff.
- 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 (IPC). The service had Infection Control and Prevention measures to help ensure the environment was as safe as possible for both patients and staff. The service had undertaken an IPC audit to prevent and control the spread of infections. We saw evidence of Legionella and water temperature management. Consulting rooms were risk assessed and procedures such as phlebotomy were performed in a specific clinical room that conformed to infection prevention and control standards.

Good

Are services safe?

- The rooms used by the service looked visibly clean. Cleaning tasks were carried out by the building management and we saw there was a cleaning checklist which detailed all the cleaning tasks required.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw evidence of medical equipment testing including defibrillators and blood pressure and ECG monitors. There were systems for safely managing healthcare waste.
- The service carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had completed mandatory training in Basic Life Support and the service required all staff to complete an online training module in First Aid Awareness. Staff knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Risks to patients

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

- There was a fire safety policy and a visible fire procedure in the areas of the premises used by patients. Fire extinguishers were checked annually. The provider told us that the building manager was responsible for carrying out annual fire evacuation drills and we were given evidence that that a drill had occurred within the last 12 months.
- There was suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

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

- At our last inspection, the service kept paper-based patient records. At this inspection the provider had implemented a new cloud based electronic clinical records system. Individual care records were written and managed in a way that kept patients safe. We looked at five records on the service's electronic patient record system which were of an acceptable standard and conformed to GMC guidelines. 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 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 systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. Processes were in place for checking medicines and staff kept accurate records of medicines.

Good

Are services safe?

- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There were effective protocols for verifying the identity of patients including children. Staff checked and verified a patient's identity prior to treatment. There were checks in place to assure that an adult accompanying a child had parental authority.

Track record on safety and incidents

The service had a good safety record.

- At the last inspection, the service did not have a clear approach to carrying out risk assessments. We did not see evidence of a comprehensive set of risk assessments, showing that all aspects which have an impact on safety had been considered and planned for. At this inspection management of risks had improved. The service had implemented its own programme of health and safety risk assessments to help the provider understand risks and have an accurate and current picture of safety improvements required.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- At our last inspection, the service was unable to demonstrate a clear and comprehensive system for recording and acting on significant events. At this inspection, the service had made improvements. There was a clear system for recording and acting on significant events. The service had recorded four incidents in the last twelve months and we saw that actions were agreed and recorded. Lessons learned were discussed in team meetings and minuted.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- At the last inspection, although the provider was aware of the requirements of the Duty of Candour, this was not communicated to staff in clear policies. At this inspection, the service had a Duty of Candour policy which was easily accessible for staff. Staff we spoke to understood when Duty of Candour applies, if a patient is affected by an incident. The service encouraged a culture of openness and honesty to ensure all staff were aware of and complied with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents.
- At the last inspection, the service did not have an effective process to record and manage patient and medicine safety alerts. Managers were not able to assure themselves of effective oversight. At this inspection, the service had improved the process for receiving and acting on safety alerts. Staff told us the practice had reviewed the safety alert protocol and had started to implement a new system for managing safety alerts. The clinic manager received alerts directly by email or through the post and would act where necessary. We saw evidence of recording of actions following safety alerts received.
- We saw the service had acted on and learned from external safety events as well as patient and medicine safety alerts. For example, we saw that safety alerts were a standing agenda item in weekly team meeting when actions were agreed. Managers reviewed actions in the monthly clinical governance meetings.
- The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

We rated effective as Good because:

We found that this service was providing effective services in accordance with the relevant legislation.

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 service 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- 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. We saw staff had completed several clinical audits to monitor quality and to make improvements. For example, a monthly antimicrobial audit which showed antibiotic prescribing has reduced.
- The service was actively involved in quality improvement activity. For example, the

service carried out patient surveys to identify areas for improvement.

- The service carried out monthly patient records audit which included checking whether a clear patient history was recorded and a review of whether the treatment carried out was appropriate and was there appropriate follow up for treatments given.

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. There was also role specific induction training which ensured staff were competent for the role to which they had been appointed.
- The provider was registered with the General Medical Council (GMC) and records completed by the provider confirmed they were up to date with revalidation. (Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up-to-date and fit to practise in their chosen field and able to provide a good level of care).

Good

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. There was comprehensive oversight of staff training. Managers reviewed all essential training monthly to ensure staff remained up to date with mandatory training. Staff had access to and made use of e-learning training modules, in-house training and external training.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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.
- 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. Patients were asked on the consent form for permission to release information about their treatment to their GP.
- 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 (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 had been referred to other services.
- The service monitored the process for seeking consent appropriately. The service had a consent policy and procedure in place, which covered gaining consent face to face or remotely when providing treatment to adults and young people. Best practice was followed in line with guidelines from the GMC. This meant that people were involved in the decision making and consent process, prior to receiving treatment and procedures.

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.
- 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.

Good

Are services effective?

- 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. The service had a consent policy and procedure in place, which covered gaining consent face to face or remotely when providing treatment to adults and young people. Best practice was followed in line with guidelines from the GMC. This meant that people were involved in the decision making and consent process, prior to receiving treatment and procedures.

Good

Are services caring?

We rated caring as Good because:

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- 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.

- Interpretation services were available for patients who did not have English as a first language. Staff told us translation services were rarely required as patients usually attended with an English-speaking relative or friend. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available, to help patients be involved in decisions about their care.
- The service ensured patients 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.

- Staff recognised the importance of people's dignity and respect.
- 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:

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

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 service used a spreadsheet to record patient scores and comments from which the service could look for any themes in patient feedback. We saw evidence from minutes that patient feedback was discussed weekly at the team meetings.
- The facilities and premises were appropriate for the services delivered. The service's registration process identified any potential access needs of a new patient. There was a hearing induction loop. The service's website contained a range of patient information relating to treatments and answers to general questions.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service's registration process identified any potential access needs of a new patient.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- 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.

- At the last inspection, information about how to make a complaint was not displayed at the service. At this inspection we saw that information about how to make a complaint or raise concerns was available on the provider's website. Although notices about how to make a complaint were not displayed inside the service, we saw that a complaints form was available for staff to hand out to people. 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 from analysis of trends. It acted as a result to improve the quality of care. Staff shared examples of responses made to complaints they had received. Team meetings were used to inform staff of incidents and to discuss complaints and ensure lessons were learnt. The service acted as a result to improve the quality of care.

Good

Are services well-led?

We rated well-led as Good because:

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

At our last inspection, although the leadership demonstrated the capacity and skills to deliver high quality care, risks that could threaten the delivery of safe and effective care were not always identified and managed. At this inspection the governance arrangements had improved. For example, leaders demonstrated improved oversight of their responsibilities in relation to staff recruitment, management of significant events, emergency medicines, risk management and safeguarding**.**

Leadership capacity and capability;

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

- The provider had made improvements since our last inspection, it had appropriately addressed concerns and embedded systems and assurance processes to ensure the service managed all risks.
- 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 planning for the future leadership of the service.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

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

- At the last inspection, deficiencies in governance and oversight undermined the practice's ability to achieve their vision. For example, the provider had told us they planned to increase their GP service in the future but the service did not have a clear plan about how this would be achieved. At this inspection, there was a clear vision and set of values. The provider had recruited an additional GP. 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). The service had a set of core values which were available to read on their website.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Good

Are services well-led?

- Staff told us that managers at all levels were approachable and 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 annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional development and evaluation of their clinical work.
- At the last inspection, the service did not have an organised approach to ensuring the safety and well-being of all staff was protected. For example by regular risk assessments and clear processes for significant event management. At this inspection, this had improved. There was a strong emphasis on the safety and well-being of all staff. The service had a policy for management of significant events. The practice monitored and reviewed safety activity. Leaders had systems in place to understand risks and ensure that all risks were accurately identified and effectively addressed.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- At the last inspection, we did not see evidence of effective structures, processes and systems to support good governance and management. For example, the provider's management of recruitment did not operate effectively. At this inspection, structures, processes and systems to support good governance and management had improved and were clearly set out, understood and effective.
- The provider had made improvements to systems since our last inspection. We reviewed several of the service's policies and found they contained relevant information including details of those in lead roles. it had appropriately addressed concerns in relation to staff recruitment, significant events, emergency medicines, risk assessments and safeguarding.
- Staff were clear on their roles and accountabilities.

Managing risks, issues and performance

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

- At the last inspection, there was a lack of oversight of key areas of risk; we did not see evidence of an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. At this inspection, leaders had established policies, procedures and activities to ensure safety and had assured themselves that they were operating as intended.
- 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.
- 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. We saw copies of minutes showing these were discussed in clinical governance meetings.

Good

Are services well-led?

- At the last inspection, the service had not engaged in any clinical audits due to the small number of patients they had seen since registering with CQC. At this inspection, the service had made improvements through the use of completed audits. For example around infection control and medicines management. 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.

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 feedback and heard views and concerns from patients and staff.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

Continuous improvement and innovation

At our last inspection, we did not see evidence of innovation or improvement activity. There were failings in systems and processes for the management of risks. The service had only been operating for five months at the time of that inspection and had only seen two patients. Following our last inspection, the provider had implemented systems to support improvement and innovation work.

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

- There were systems to support improvement. Leaders had developed a central policy system to improve document management. There was a set of comprehensive policies to improve monitoring and management of risk.
- At this inspection the provider had implemented a new cloud based electronic clinical records system to manage clinical records.
- There were comprehensive assurance systems which were regularly reviewed and improved. Leaders had implemented a policy of quality improvement. The service used a quality management system (QMS) to monitor quality improvement objectives.
- The service had appointed a compliance manager. Managers made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.