SurreyGP

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?	Good
Are services effective?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services well-led? – Good

We carried out a comprehensive inspection of SurreyGP on 8 November 2019. We identified breaches of regulation 12 (Safe care and treatment) and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued requirement notices. The service was rated as requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The service was rated as requires improvement overall.

We carried out this announced comprehensive inspection of SurreyGP between 16 and 17 September 2021 under Section 60 of the Health and Social Care Act 2008. 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. At this inspection we checked that the service was providing safe, effective and well-led services.

Throughout the COVID-19 pandemic the Care Quality Commission (CQC) has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Speaking with staff in person and using video conferencing.
- Requesting documentary evidence from the provider.
- A site visit.

We carried out an announced site visit to the service on 17 September 2021. Prior to our visit we requested documentary evidence electronically from the provider. We spoke to staff by telephone and using video conferencing, prior to our site visit.

SurreyGP is an independent provider of a range of GP services, including consultations, child and adult immunisations, cervical screening, travel health advice and vaccinations, ear syringing, well man and well women screening and advice, sexual health advice and testing and home visits. The service is a registered Yellow Fever vaccination centre.

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 exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008

Overall summary

(Regulated Activities) Regulations 2014. Services are provided to patients under arrangements made by their employer or 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, we were only able to inspect the services which are not arranged for patients by their employer or insurance provider.

The service is registered with CQC to provide the following regulated activities: Diagnostic and screening procedures; Treatment of disease, disorder or injury; Maternity and midwifery services.

Services are provided by one lead GP who is female and a locum GP who is male. The GPs provide all travel advice and vaccination services.

The Director of Operations 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

- Staff had received training in key areas. There was a clear plan of training for staff and monitoring of training undertaken by clinical staff employed on a sessional basis.
- There were processes in place for performance review and monitoring of clinical staff. Staff employed by the service had undergone appraisals.
- There were effective systems and processes to assess monitor and control the spread of infection.
- There were safeguarding systems and processes to keep people safe. Staff had received training in the safeguarding of adults and children.
- Arrangements for chaperoning were effectively managed. Staff had received chaperone training and had been subject to Disclosure and Barring Service (DBS) checks.
- There were appropriate arrangements to manage medical emergencies and suitable emergency medicines and equipment in place.
- Clinical record keeping was clear, comprehensive and complete.
- There was evidence of clinical audit and review of patient treatment outcomes.
- There were clear and improved governance and monitoring processes to provide assurance to leaders that systems were operating as intended.
- Staff found leaders approachable and supportive and felt they provided an individual service to patients.
- There was frequent and open communication amongst the staff team which was well documented.
- Service users were routinely asked to provide feedback on the service they had received. Complaints were managed appropriately.

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

- Review arrangements for the retention of all records which relate to staff immunisation status.

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 and included a GP Specialist Advisor.

Background to SurreyGP

SurreyGP is an independent provider of a range of GP services, including consultations, child and adult immunisations, cervical screening, travel health advice and vaccinations, ear syringing, well man and well women screening and advice, sexual health advice and testing. The service is a registered Yellow Fever vaccination centre.

The Registered Provider is SurreyGP Limited.

Services are provided by from 32-34 London Road, Guildford, Surrey, GU1 2AB.

Opening times are:

Monday to Friday: 08:30 - 17:30

Saturdays: One Saturday per month – 2 to 3 hours.

The service website is www.surreygp.com

The service is run from a suite of rooms within a converted, shared building in the centre of Guildford. The service premises are leased by the provider and managed by the landlord. The service is located on the lower ground floor which is accessed via a flight of stairs from the main entrance. There is no wheelchair access to the service. Patients identified as having limited mobility or requiring wheelchair access are offered home visits or are advised to register with another local service. The service comprises two consulting rooms, a waiting room and an administration area. Patients are able to access toilet facilities (including accessible facilities) on the ground floor.

Patients can access services on a fee-paying basis only. Appointments are available face to face, by telephone or via video consultation. If required, following a consultation, a private prescription is issued to the patient to take to a community pharmacy of their choice or some medicines may be dispensed by the service.

Good

Are services safe?

Safety systems and processes

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

- The service had systems and processes to safeguard children and vulnerable adults from abuse. We reviewed the provider's safeguarding policies which provided clear guidance for staff. Staff we spoke with had a clear understanding as to who was the safeguarding lead within the service and how to raise safeguarding concerns about a patient. We saw examples of recent safeguarding referrals by GPs which demonstrated a thorough and effective approach to ensuring the ongoing safety of vulnerable patients using the service. Patients who may be vulnerable or at risk were flagged on the service's electronic records system. At our previous inspection, we found that not all staff had undergone training in the safeguarding of adults. At this inspection our review of training records confirmed that all staff had received training in safeguarding adults and children at a level appropriate to their role.
- We reviewed personnel files and found that the provider had processes to ensure they carried out all required checks at the time of recruitment and all required ongoing monitoring, such as professional registration status and medical indemnity confirmation. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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).
- The provider had processes in place to monitor staff immunisation status in line with Public Health England guidance (PHE) which outlines the recommended programme of vaccination for frontline healthcare staff: Hepatitis B, varicella, tetanus, polio, diphtheria and MMR (measles, mumps, rubella). Our review of records confirmed the provider had monitored and recorded the immunisation status of all staff but had not always retained the evidence to support that record. We noted that evidence had not been retained relating to one clinician.
- Staff we spoke with told us that patients were routinely offered a chaperone and we saw there was signage on display within the service which prompted patients to request a chaperone. All staff who acted as chaperones were trained for the role and had undergone a DBS check.
- There were effective systems to manage infection prevention and control within the service. All staff had received training in infection prevention and control. Cleaning and monitoring schedules were in place for all areas. There were appropriate processes in place to minimise risks associated with COVID-19 transmission. The provider had undertaken an audit of their infection prevention and control processes and all resulting actions had been completed. Since our previous inspection the provider had made improvements to hand washing arrangements in one clinical room which promoted improved handwashing techniques and reduced the risk of the spread of infection.
- There were systems for safely managing healthcare waste, including sharp items. We saw that clinical waste disposal was available in clinical rooms. Bins used to dispose of sharps items were signed, dated and not over-filled. An external, lockable bin was used to store healthcare waste awaiting collection by a waste management company.
- The service had systems to manage health and safety risks associated with the premises and general environment. There were processes in place to ensure relevant premises safety information was reviewed with the landlord of the premises via biannual meetings. Legionella risk assessments had been undertaken and resulting actions, which included regular temperature monitoring and sampling of water supplies, were carried out by the landlord (Legionella is a particular bacterium which can contaminate water systems in buildings). There was guidance and information, including risk assessments, available to staff to support the control of substances hazardous to health (COSHH).
- The landlord's premises management team had carried out regular fire safety risk assessments, fire drills and testing of emergency lighting within the premises. Staff had recently participated in a fire drill. There was appropriate fire-fighting equipment located within the premises which was regularly serviced and maintained. We noted that servicing of equipment was carried out in January 2021. The service had designated staff who were trained as fire marshals and all staff had undertaken fire safety training.

Good

Are services safe?

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We reviewed records to confirm that electrical equipment had undergone portable appliance testing in March 2021.

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 required to meet patient needs. A locum GP provided sessional cover to ensure support to the lead GP. The service director told us they planned to employ a second doctor in the near future to provide additional services and extend appointment availability.
- There were planned induction processes in place. There was a clear plan of required training for staff to complete as part of the induction process. The service had developed a comprehensive information pack which provided detailed guidance to locum GPs and new doctors working within the service. Information within the pack included for example, details of prescribing and referral processes, blood testing, managing results and vaccination processes.
- We reviewed arrangements within the service to respond to medical emergencies. We found there were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. There were documented records of those checks. The service had a defibrillator available within one consulting room and oxygen with adult and children's masks.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. There were protocols available to provide guidance to staff in how to deal with medical emergencies. Staff were provided with specific guidance and training to support their understanding of managing patients with severe infection and sepsis. Staff had received basic life support training and anaphylaxis training which was annually updated.
- There were appropriate professional indemnity arrangements in place for clinicians. The provider had public and employer's liability insurance policies in place.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. Clinical records we reviewed showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Clear, accurate and contemporaneous patient records were kept. Treatment planning was fully documented.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw recent examples of timely and effective sharing of information with other agencies and patients' NHS GPs, in order to ensure the safe care and treatment of patients. For example, we saw a shared care protocol in place between the service and a consultant paediatrician to support the effective management of one paediatric patient.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service had a system and written procedures in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.

Safe and appropriate use of medicines

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

- There were systems and arrangements for managing the safe handling of medicines and prescribing practices, in a way which minimised risks to patients. The service kept prescription stationery securely and monitored its use.

Good

Are services safe?

- Our review of clinical records confirmed that staff prescribed and administered medicines to patients, and gave advice on medicines, in line with legal requirements and current national guidance. There was a limited supply of medicines stocked for dispensing directly to patients. Processes were in place for checking medicines and staff kept accurate records of medicines stocked, prescribed and dispensed. GPs used Surrey Prescribing Advisory Database (SurreyPAD) to access local and national prescribing guidance electronically. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Medicines were stored securely in a consulting room. Vaccines were stored in a vaccine refrigerator which was monitored to ensure it maintained the correct temperature range for safe storage. All temperatures recorded had been within the range for safe storage. A temperature datalogger provided additional assurance to the provider that temperatures were maintained within the required range and the provider received an SMS text message in the event of any system failure. A battery pack back-up system was in place in the event of a power failure. Emergency medicines were readily available and in date and supplies were regularly checked.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the service had completed two-cycle audits of their prescribing of statins over the period 2018-2019 and 2020-2021 (statins are a group of medicines that can help lower the level of cholesterol in the blood). The service had reviewed their approach to the annual review of each patient prescribed a statin as a result of the audit and had identified specific actions to be taken relating to individual patients.

Track record on safety and incidents

The service could demonstrate a good track record on safety in all areas.

- There were comprehensive risk assessments in place in relation to safety issues.
- The service had developed monitoring processes to provide assurance to leaders that systems were operating as intended.
- The service monitored and reviewed activity and had systems for reporting, reviewing and investigating incidents when things went wrong. At this inspection we found that the provider had recorded four incidents within the last 12 months.

Lessons learned and improvements made

The service had systems to ensure they learned 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. The service implemented an 'initial guidance' step in the process for responding to incidents. This ensured that a senior manager was involved in prompt decision making immediately following an incident, pending any subsequent review or analysis of learning.
- There were appropriate 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 our previous inspection we found that actions taken did not always result in improvements to safety. At this inspection we found that prompt and appropriate actions were taken to ensure that lessons were learned when incidents occurred. For example, we found that in response to one vaccination error, vaccination processes had been reviewed and training and guidance provided to sessional clinicians had been revised to ensure improvements to patient safety. We noted that critical incident meetings were held quarterly to discuss actions taken and learning from incidents.
- Staff within the service had a good understanding of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty and had introduced a duty of candour consideration to the review of every incident.

Good

Are services safe?

- 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. The lead GP documented a review of each alert received, including required actions. For example, we saw that recent and appropriate action had been taken in response to an alert about the monitoring of patients prescribed steroids (steroids are anti-inflammatory medicines used to treat a range of conditions). The safety alert prompted prescribers to issue 'steroid emergency cards' to patients where appropriate. The lead GP had not identified any patients to whom the alert applied immediately but had flagged one patient who may require an emergency card in the future.

Good

Are services effective?

Effective needs assessment, care and treatment

The provider had systems in place 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 best practice guidance relevant to their service. For example, to support decisions around travel vaccination requirements for patients, doctors followed guidance issued by Public Health England (PHE) and the National Travel Health Network and Centre (NaTHNaC).
- 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.
- The service had in place an alarm system to enable staff members to alert others in case of a medical emergency or the need for urgent assistance.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service was able to demonstrate that it gathered and used information about care and treatment to make improvements.
- The service monitored quality through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, the service had reviewed each instance of their prescribing of high-risk medicines to a small number of patients from November 2019 to December 2020. (Some medicines are considered 'high risk' because the potential side effects mean appropriate blood monitoring and careful dose adjustment is required). The review considered guidance issued by SurreyPAD to ensure those medicines were prescribed appropriately and safely and to identify any required adjustments to the ongoing management of those patients.
- The service had implemented a full programme of audit which included for example, monitoring of patients prescribed statins, antimicrobial prescribing, cervical screening outcomes, the smoking status of patients and infection prevention and control processes.

Effective staffing

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

- All clinical staff were appropriately qualified. The provider understood the learning needs of staff and provided protected time and training to meet them.
- At our previous inspection we found that some staff had not completed required training. At this inspection we found there were improved processes to ensure that up to date records of skills, qualifications and training were maintained. We found that staff had completed all required training. The service had developed a comprehensive training matrix to monitor when training updates were required. Staff were encouraged and given opportunities to develop.
- Medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation. There were no nurses employed within the service.
- The provider had an induction programme for all newly appointed staff.
- Staff whose role included immunisation and review of patients with long term conditions, had received specific training and could demonstrate how they stayed up to date. Doctors administering yellow fever vaccinations were trained to the standard required by NaTHNaC.

Good

Are services effective?

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. For example, we saw clear processes for managing urgent two week wait referrals to secondary care which were monitored and followed up by the service.
- 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 their 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. We saw examples of effective liaison and information sharing with patients' NHS GPs and other care settings, in order to promote optimum outcomes for patients and where the service had identified changes in levels of vulnerability. For example, the service had recently made referrals to secondary care services and other agencies to ensure the best outcomes and support for one increasingly vulnerable patient.
- 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 self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their usual care provider for additional support. For example, baseline observations were recorded for new patients attending for their first consultation after registering with the service. These included family history, smoking status, height, weight and blood pressure.
- The service offered well man and well woman checks.
- 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.
- We found that consent processes were consistently applied. Our review of patient clinical records found completed consent forms for all patients who required one. For example, for patients undergoing vaccination. Where travel vaccinations had been administered a travel vaccination risk assessment form was completed which included confirmation of the consent process.
- The service had systems in place to assure themselves that an adult accompanying a child had parental authority to consent to treatment.

Good

Are services well-led?

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. For example, the service director told us they planned to employ a second doctor in the near future to provide additional services and extend appointment availability.
- Leaders were visible and approachable. They worked closely with the small team of staff and others to make sure they prioritised compassionate and inclusive leadership.
- There was a staffing structure in place across the service and staff were aware of their individual roles and responsibilities.
- There were clear, open lines of communication between all staff. Staff we spoke with felt well supported and told us they had regular one-to-one interaction with the service director due to the small nature 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.

- 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. We saw that all staff were fully engaged in ensuring the promotion of optimum outcomes for patients.
- 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 and told us they enjoyed being part of a close team.
- The service was highly focused upon the needs of patients and ensuring the best possible outcomes.
- 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 had a good understanding 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 needed. Staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary and were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff. There was a lone worker policy in place to support the safety of staff members, due to the small nature of the service.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- The service was comprised of a small team of five staff members. There were positive relationships between staff and prompt and effective communications.

Good

Are services well-led?

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 effective in all areas of the service. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- At our previous inspection we found that some policies and processes were not always operating effectively. At this inspection we found there were appropriate policies, procedures and systems to ensure services were delivered safely and leaders were able to demonstrate that they were operating as intended. As part of our inspection we reviewed a range of key policies. We found the policies contained sufficient and up to date information to provide clear guidance to staff.
- Staff spoke of regular meetings they attended which included monthly team meetings, quarterly critical incident meetings and biannual training review meetings. We reviewed minutes of meetings held within 2021. We saw records and documented actions resulting from those meetings where for example, updates, incidents, safeguarding concerns and complaints had been discussed. We saw that actions, outcomes and learning from the meetings were cascaded to staff.
- Staff understood their individual roles and responsibilities and were well supported by the service director in fulfilling those roles.

Managing risks, issues and performance

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

- There were improved processes to identify, understand and monitor risks to patient safety. We found that the identification and recording of learning and actions taken in response to incidents had led to safety improvements.
- A range of health and safety monitoring and premises risk assessment requirements were undertaken by the premise's management team. For example, the premises management team carried out regular fire risk assessments, fire drills, legionella risk assessment and testing of emergency lighting within the premises. At our previous inspection we found the provider had not routinely reviewed those records to ensure their own oversight of health and safety arrangements within the premises. At this inspection we found that the provider had established biannual meetings with the landlord in order to review and discuss premises safety information and arrangements.
- The service undertook a comprehensive audit of infection control processes biannually. We found that resulting actions had been completed. Since our previous inspection the provider had made improvements to hand washing arrangements in one clinical room which promoted improved handwashing techniques and reduced risks of the spread of infection. An external, lockable bin had been installed to store healthcare waste awaiting collection by a waste management company, due to the increase in clinical waste generated by COVID-19 safety precautions.
- 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. There was a system for recording and acting upon significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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. The provider had a written business continuity plan in place.
- Staff occasionally worked alone, and the service had developed a lone working policy to ensure their safety.

Good

Are services well-led?

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to monitor, review and improve performance. At our previous inspection we found that actions taken to address identified weaknesses were sometimes ineffective. At this inspection we found that the identification and recording of learning and actions taken in response to incidents had led to measurable safety improvements. Plans were promptly put in place to address any identified weaknesses. For example, additional guidance and training had been provided to one clinician in the administration of vaccinations following one vaccination error.
- The service submitted data or notifications to external organisations as required.
- There were arrangements, in line with data security standards, for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Service processes ensured that all confidential electronic information was stored securely on computers. Staff demonstrated a good understanding of information governance processes.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and valued feedback from patients, the public and staff. Feedback was closely monitored and acted upon to shape services. For example, following feedback the service had implemented specific arrangements to provide support to children with autism who were attending for vaccination and provided a planning call with the parents to discuss arrangements prior to the appointment.
- The small team of staff worked closely together and had both formal and informal opportunities to provide feedback. Staff could describe to us the systems in place for them to give feedback.
- The service routinely sought feedback on the quality of care patients received. Following their consultation, patients were asked to complete a survey via an electronic touch screen which uploaded directly to an independent feedback management service which published the survey results on the service website. This process had been limited recently by COVID-19 restrictions but was recently reinstated with appropriate infection prevention and control measures put in place. The service monitored the results of all feedback and proactively pursued any concerns to try to resolve them and improve services.
- Information about how to make a complaint or raise concerns was available within the service. Staff treated patients who made complaints compassionately. The service had a complaints policy and procedure in place. The service process indicated how they would learn lessons from individual concerns and complaints and also from analysis of trends. The service had received one complaint within the last 12 months. Our review of that complaint confirmed that appropriate and timely action had been taken in response to the complaint.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The service made use of internal and external reviews of incidents and complaints. Learning was shared across the team and led to measurable improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Good

Are services well-led?

- The service had recently achieved accreditation to carry out polymerase chain reaction (PCR) COVID-19 swab testing to a medical-laboratories, international standard via the United Kingdom Accreditation Service.