

The Oakley Partnership LLP

The Oakley Partnership

Inspection report

52 Bishops Way
Sutton Coldfield
West Midlands
B74 4XS
Tel: 01213088876
Website: www.topmedicalpractice.co.uk

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of The Oakley Partnership as part of our inspection programme.

The Oakley Partnership is a private general medical practice which offers a range of private services to patients such as private GP consultations and medical examinations, child and adult immunisations, weight loss injections, alcohol dependency treatment. They also provide Bio Identical Hormone Therapy and private health screening across a range of areas including testing for HIV, HepB and other sexually transmitted infections

Summary of findings

and diseases (STI's and STD's) through the services private clinical partner: Better2Know. The practice also offers a full travel consultation and vaccination service and is a MASTA (Medical Advisory Service for Travellers Abroad) travel clinic as well as a National Travel Health Network and Centre (NaTHNaC) approved Yellow Fever Vaccination Centre.

The registered manager is the single handed doctor and provider for the service. 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.

Patient feedback and completed CQC comment cards were very positive about the service. The service was described as efficient and staff were described as friendly, professional. Patients noted that they were happy with the quality of care received.

Our key findings were:

- The service had processes and systems in place to keep patients safe. There were safe and effective recruitment procedures to ensure staff were suitable for their role.
- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- There was evidence which demonstrated that the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards, across all services provided.
- We saw that accurate records were kept of medicines administered to patients. Where unlicensed off-label medicines were used, patients were fully informed and gave valid consent.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Staff treated patients with kindness, respect and compassion. Feedback from patients was positive with regards to access to appointments, quality of care and the effectiveness of the services provided.
- Staff had the skills, knowledge and experience to carry out their roles. Staff we spoke with were passionate about their work and demonstrated a patient centred approach.

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

- Consider adding to existing mandatory training modules to support non-clinical staff in being able to identify and manage patients with severe infections, such as for sepsis.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

The Oakley Partnership

Detailed findings

Background to this inspection

The Oakley Partnership is a private general medical practice offering a range of private services to patients such as private GP consultations and medical examinations, child and adult immunisations, travel vaccinations, weight loss injections, alcohol dependency treatment, bio-identical hormone therapy and private health screening across a range of areas.

The service is delivered from a purpose build surgery based at 52 Bishops Way, Sutton Coldfield

West Midlands, B74 4XS. Our inspection team was led by a CQC lead inspector who visited the service with a nurse specialist advisor on 18 June 2019. As the single handed doctor and provider was not available on the day of our inspection visit a CQC National Clinical Advisor undertook a telephone interview with them on 24 June 2019 to conclude the inspection.

The service is registered to provide the regulated activities of Diagnostic and screening procedures and the Treatment of disease, disorder or injury from this location.

The practice is open for appointments Monday to Friday from 9am to 5pm. Occasionally, Saturday appointments are also available between 9am and 1pm; these are booked on an intermittent basis based on capacity and demand needs. The practice is not required to offer an out of hours service. Patients who need medical assistance out of operating hours are requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency.

The clinical team includes a single handed doctor (male) a registered practice nurse who is also a nurse prescriber (female). The doctor (provider) has a practice manager who helps to manage the service and is a partner in the business also. In addition, the service employs a team of three support staff with reception and administration roles.

Before our inspection we reviewed a range of information about the service, this included patient feedback from the public domain, information from the providers website and the providers CQC information return. As part of our inspection we:

- Looked at the systems in place for the running of the service
- Explored how clinical decisions were made
- Viewed a sample of key policies and procedures
- Spoke with a range of staff
- Looked at a random selection of patient reports
- Made observations of the environment and infection control measures
- Reviewed patient feedback including CQC comment cards

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.

Are services safe?

Our findings

We rated safe as Good because:

There were systems to assess, monitor and manage risks to patient safety. The service learned when things went wrong and took steps to prevent incidents from reoccurring. The service had processes and systems in place to keep patients safe.

Safety systems and processes

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

- The provider operated safe and effective recruitment procedures to ensure staff were suitable for their role, evidence included registration with the appropriate professional bodies, appropriate indemnity arrangements and checks through the Disclosure and Barring Service (DBS). All staff had received a DBS check. (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 nurse and the doctor could act as chaperones if needed however staff confirmed that a chaperone had never been requested. We saw that a chaperone policy and signage was in place to support staff and patients in terms of chaperoning protocols. Staff we spoke with during our inspection confirmed that chaperone training was being arranged for members of the non-clinical team so that they could also chaperone if needed.
- The service had processes and systems in place to keep patients safe. There were safeguarding policies in place which were accessible to staff, they outlined who to contact for further guidance, for instance, if staff had concerns about a patient's welfare.
- Staff were up to date with their annual safeguarding training which covered children and adults, clinicians were trained in safeguarding children at level three and staff we spoke with knew how to identify and report concerns. Clinicians had been trained on Female Genital Mutilation (FGM) awareness. They were aware of high risk destinations for FGM, for instance when patients were attending the practice for travel health.

Risks to patients

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

- There was an effective system to manage infection prevention and control. The nurse was the infection control lead and we saw that all staff had received infection control training. There was an infection prevention control protocol in place and we saw records of completed infection control audits. We observed the premises to be visibly clean and tidy and we saw that cleaning specifications and completed cleaning records were in place. Systems were in place to ensure clinical waste was appropriately disposed of. Staff had access to personal protective equipment including disposable gloves, aprons and coverings.
- The provider carried out appropriate environmental risk assessments which considered the profile of people using the service and those who may be accompanying them. The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw calibration records to ensure that equipment was checked and working.
- There was a health and safety policy in place. We saw that fire risk was formally assessed, fire drills and weekly fire alarm testing was recorded and staff had received health, safety and fire training. We saw formal risk assessments in place for the control of substances hazardous to health and for the risk of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.
- There were adequate arrangements for planning and monitoring the number and mix of staff needed. Supporting evidence viewed during our inspection indicated that there were enough staff to meet demand for the service.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. However during our inspection visit we noted that non-clinical staff, such as those on reception, had not completed training on how to identify and manage patients with severe infections, specifically for sepsis. Shortly after our inspection, the service assured us that awareness on Sepsis was to be covered during two staff meetings week commencing 24 June 2019.

Are services safe?

- There were appropriate indemnity arrangements in place to cover potential liabilities. A business continuity plan was in place for major incidents such as power failure or building damage.

Information to deliver safe care and treatment

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

- Individual records were managed in a way to keep people safe. This included ensuring patient records were accurate, complete, eligible, up to date and stored appropriately. There was a secure electronic patient record system in place and secure facilities for patient records in paper format. There were systems in place to ensure that the information was securely stored and kept confidential. The patient records we saw showed that information needed to deliver safe care and treatment was recorded and stored in an accessible way for relevant staff.
- The services IT systems were password protected and encrypted. Staff were also trained in data protection.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- There were adequate arrangements in place to respond to emergencies and major incidents. On the morning of our inspection we noted that the service did not have a defibrillator on site and that risk had not been formally assessed in the absence of this. However to address this risk a member of the management team had ordered a defibrillator by the afternoon, we saw evidence of this and noted that it was due for delivery on the day following our inspection visit: 19 June 2019.
- There was oxygen on site with adult and child masks and there were records in place to support that these were regularly checked to ensure they were fit for use. Staff received annual basic life support training.

- Emergency medicines were easily accessible to staff in a secure area and staff knew of their location. The medicines were checked on a regular basis and records were kept supporting this.
- There was a process for the safe handling of requests for medicines and evidence of structured medicines reviews for patients on repeat medicines.
- As part of the clinics slimming service, they prescribed as a daily subcutaneous injection to help with appetite and response to insulin. This was prescribed as an off label medicine. We saw that accurate records were kept of medicines administered to patients and where unlicensed off-label medicines were used, patients were fully informed and gave valid consent.
- We saw that travel vaccines administered included brand name, batch number, expiry date and name of health professional who had administered the vaccine.

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 them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Staff told us the provider encouraged a culture of openness and honesty and that they would feel confident to report incidents or concerns.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and took action to improve safety in the service. We saw that one incident had been recorded within the last 12 months regarding a patient who became unwell following a vaccination, we saw that this was appropriately managed and that the practice followed up to confirm that the patient was well following the incident. Prior to this we saw that other incidents had been formally recorded and well managed.

Are services safe?

- Incidents were discussed in formal practice meetings and as a small team, staff engaged closely on a daily basis.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. For example, we saw that an alert from the The Medicines and Healthcare products Regulatory Agency (MHRA) had been received and processed by the nurse. The nature

of the alert was to reinforce the importance of a detailed individual risk assessment before administering yellow fever vaccines, especially for those who may be immunocompromised or aged 60 years and older. Our observations of the travel vaccination services during our inspection assured us that this alert had been embedded and adhered to.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

The provider had systems to keep clinicians up to date with current evidence based practice. Staff had the skills, knowledge and experience to carry out their roles. The service monitored performance and activity to make quality improvements where possible.

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 in line with current legislation, standards and guidance as relevant to their service.

- There was evidence in place to support that the doctor and the nurse carried out care and treatment in line with relevant and current evidence based guidance and standards. We saw evidence to support use of appropriate clinical care pathways and protocols during our inspection.
- Clinical staff assessed patients' needs and delivered care in line with evidence based practice. This included adherence to guidelines by the National Institute for Health and Care Excellence (NICE), The Green Book for immunisation against infectious diseases and Public Health England (PHE).
- The service was able to demonstrate use of the most up to date travel advice with regards to their travel immunisation services. The service provided yellow fever vaccinations and was registered with the National Travel Health Network and Centre (NaTHNaC) as a Yellow Fever Vaccination Centre. NaTHNaC is the organisation that controls this process and requires standards of practice in line with Conditions of Designation and the Code of Practice. For example, in relation to training in line with World Health Organisation (WHO) international health regulations.
- In addition, the service was also registered with MASTA (Medical Advisory Service for Travellers Abroad) to provide health consultations, vaccinations and antimalarial medication. There was evidence of use of travel risk assessments in place and assurance that

overall, travel management was in line with best practice. Clinical staff also had telephone and email access to the MASTA medical team for additional travel advice where needed.

- For slimming services there was use of evidence based guidance and standards such as NICE guidelines for Obesity: identification, assessment and management of overweight and obesity in children, young people and adults. For instance we saw that where patients were prescribed an injection to help with appetite and response to insulin, adequate counselling was provided and there was appropriate equipment and training provided to administer this medicine.
- The service offered a treatment called Bio Identical Hormone Replacement Therapy, this was to help patients in addressing symptoms associated with hormone imbalances such as menopause. We saw that comprehensive treatment advice, information and counselling was offered to patients receiving this therapy pre, during and post treatment. Patients were required to undertake a structured programme of treatments which included regular reviews with the doctor and completion of a hormone deficiency questionnaire at each visit to assess symptoms and effectiveness of the treatment. We saw that the practice operated a stringent policy with regards to regular reviews of patients and medicines to ensure that continued prescribing only took place once a review had taken place and in line with best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- 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, for example:

There was evidence of quality improvement and we saw examples of audits which were used to drive service improvement. For example, there was a repeated rolling audit which focussed on patients receiving Bio Identical Hormone Replacement Therapy from the service, for a period of one year. As part of the audit, the doctor utilised an improvement score to measure hormone deficiency symptoms pre-treatment and then at weeks six, 12, 24 and

Are services effective?

(for example, treatment is effective)

48. Scoring was applied using completed questionnaires and analysis of treatment across 50 patients. Specifically, hormones such as oestrogen deficiency, progesterone and testosterone were assessed as part of the doctors analysis. Based on the data collected, the audit highlighted an improvement in symptom scores whereby for example, patients symptoms had improved from starting their hormone replacement therapy and then had continued to improve further at weeks six, 12, 24 and 48. Due to the services popularity and success of the treatment the doctor had also arranged for the practice nurse to complete a two day training course on Bio Identical Hormone Replacement Therapy.

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 were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- We saw that the doctor had been appraised. Medical and nursing professionals were registered with the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) and were both up to date with revalidation.
- Up to date records of skills, qualifications and training were maintained. We also saw a range of completed training records for the nurse and the doctor during our inspection. This included specific training for the nurse on a range of areas including immunisations, travel vaccinations, as well as sample taking for the cervical screening programme.
- We saw evidence to support that supervision was in place for the nurse. The provider worked closely with the nurse and acted as a clinical mentor to them, they also undertook a review of the nurses consultations on a regular basis.

Coordinating patient care and information sharing

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

- All patients were asked for consent to share details of their consultations with their registered GP on each occasion they used the service. Staff explained that they encouraged sharing of information with registered GPs but also supported patient choice.
- With children, sharing of information was particularly encouraged and parents and carers were asked to provide the child's personal child health record (red book) which was completed when administering child immunisations.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. Onward referrals resulted in a letter back to the doctor, we saw evidence of comprehensive referral correspondence during our inspection.
- The service offered testing for HIV, HepB and other sexually transmitted infections and diseases (STI's and STD's) through the services private clinical partner: Better2Know, this included rapid testing on-site. We saw that clinicians adhered to protocols embedded through the Better2Know service and stringent monitoring processes were adhered to with regards to testing and management of results.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- 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 provider 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.

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, doctors gave people advice so they could self-care.

Are services effective?

(for example, treatment is effective)

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.
- There was clear information available with regards to the services provided and the cost of these.

Are services caring?

Our findings

We rated caring as Good because:

Staff treated patients with kindness, respect and compassion. Patients were involved in decisions about their care. The service respected patients' privacy and dignity. Feedback from patients was positive about the way staff treat people.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff we spoke with demonstrated a patient centred approach. 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.
- We received 31 completed comment cards all of which were very positive and indicated that patients were treated with kindness and respect. Staff were described as friendly and professional, we noted a theme in detailed comments which were complimentary regarding services provided to children in particular .

We saw that the service had gathered patient feedback through customer feedback forms and were moving

towards promoting more online feedback. We saw that historical feedback forms were positive overall. We saw notices in the practice encouraging patients to submit their feedback and reviews through various online methods. We looked at the results of the services online feedback as of June 2019, this feedback was also positive highlighting that staff were welcoming, caring and professional.

Involvement in decisions about care and treatment

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

Patient comments gathered during our inspection highlighted that they felt listened to and that they 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. Privacy screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Patients had timely access to services. The service took account of patient's needs, complaints and concerns were taken seriously. Feedback from patients was positive with regards to booking appointments, access to care and the timeliness of the services provided.

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. Staff were available to help patients with the booking of appointments over the phone or at the reception desk.
- Patients had a choice of time and day when booking their appointment. In addition to weekday appointments the service also offered occasional Saturday appointments between 9am and 1pm. These were booked on an intermittent basis, based on capacity and demand needs.
- The facilities and premises were appropriate for the services delivered. There were some facilities in place for people with disabilities and for people with mobility difficulties. Translation services were also available if needed.

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 and test results.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

We saw that historical feedback forms were positive about the service overall and the results of the services online feedback as of June 2019 was also positive. Feedback described a timely and efficient service. We noted a theme in positive patient satisfaction following care and treatment and many comments highlighted that patients would continue to use the service and recommend the service to others.

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. The service had an appropriate complaint policy and procedures in place. Although staff explained that they had received no complaints about the service, we were assured that staff knew how to report and manage any concerns in line with their complaints policy. We found that feedback about the service was positive overall, yet staff described an open culture and a willingness to learn and improve from all feedback. Staff we spoke with expressed that they were receptive and open to handling feedback constructively.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

The service had a culture of high-quality care. The service focused on the needs of their patients and also their staff. In turn, patient satisfaction was positive and staff felt respected, supported and valued. Governance arrangements were actively reviewed and reflected good practice. There were clear and effective processes for managing risks, issues and performance.

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.
- Staff described leaders as approachable, they operated as a small, open and supportive team. Senior members of the team were the doctor, the manager and the nurse. The service operated a policy ensuring that there were always two senior team members on site. On occasions, the nurse worked in the practice without the doctor on site however staff assured us that the nurse had direct access to the doctor if needed via telephone, skype and email. There were clear guidelines in place outlining the scope of the nurses role and what care and treatment they were able to provide. For example, although the nurse was trained to deliver Bio Identical Hormone Therapy to patients, they only offered this service in conjunction with the doctor as the nurse was receiving supervision and mentorship in this area by the doctor.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership 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.

During our inspection staff explained that before the partnership formed the service predominantly provided paediatric medicine. Since the partnership formed in 2014 the partners focussed on increasing their services which have since been expanded on to include GP consultations,

medical examinations and health screening, child and adult immunisations, weight loss injections, alcohol dependency treatment, Bio Identical Hormone Therapy, travel consultations and travel vaccination services.

In addition, the service had established a range of clinical partnerships and was a member of the Independent Doctors Federation (IDF), as well as a MASTA (Medical Advisory Service for Travellers Abroad) travel clinic and a National Travel Health Network and Centre (NaTHNaC) approved Yellow Fever Vaccination Centre. The service offered testing for HIV, HepB and other STI's and STD's through the services private clinical partner: Better2Know, this included rapid testing on-site.

- There was a clear vision which was complimented by a set of aims and objectives. These included offering skilled care to enable patients to achieve their optimum state of health and well-being and to provide quality care to patients, ensuring that care is first priority.
- Conversations with staff during our inspection demonstrated a passion to ensure that patients were at the heart of the service.
- The service had a realistic strategy and supporting business plans to achieve priorities. Progress against the delivery of the strategy was regularly monitored. We saw that the practice had undergone an extensive refurbishment in 2018 which included a restructure of the treatment rooms and modernisation of the internal premises. The service had also undergone a brand re-launch as part of their business plans.
- Future plans included considerations and discussions to bring in new partners, such as a female doctor.

Culture

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

- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- We noted that incidents had been handled with openness, honesty and transparency.
- Staff felt supported, valued and expressed that they were happy working at the service.
- The service actively promoted equality and diversity. Staff felt they were treated equally.

Governance arrangements

Are services well-led?

Good 

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

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 governance and management of the service promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Policies were accessible to staff through the practices quality management system. The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Staff also had access to reading lists on the quality management system, this system was automatically updated with regulatory changes so staff were always kept informed of any key changes in policy, regulation and guidance.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- 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 to manage major incidents.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The service used performance information which was reported and monitored and management and staff were held to account when required.
- 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 effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service was transparent, collaborative and open with stakeholders about performance
- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Staff told us they were encouraged to give feedback at meetings, appraisals and through daily engagement as a team. We also saw that staff were able to contribute towards agendas for meetings.
- Patients were actively encouraged to provide feedback on the service they received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved.

Continuous improvement and innovation

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

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a constructive and open approach to continuous learning and improvement.
- The service made use of internal and external reviews of the service, as well as from incidents.
- In addition the service constantly reviewed how they identify additional patient needs, for instance, at the time of our inspection the team was considering offering services for genetic testing and allergy testing.