Obsgyncare Limited

The Women's Wellness Centre

Inspection report

274 Fulham Road
London
SW10 9EW
Tel: 020 7751 4488
Website: www.womenswellnesscentre.com

Date of inspection visit: 8 February 2018
Date of publication: 12/04/2018

Overall summary

We carried out an announced comprehensive inspection on 8 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not always providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service was inspected in 2013 under our previous inspection regime and it was found at that time to be meeting all the essential standards of care.

The Women's Wellness Centre is the clinical location of the provider Obsgyncare Ltd and located in Chelsea at 274 Fulham Road, London SW10 9EW. The service is a consultant-led private provider of integrated healthcare for women and children. The service also includes private GP services.

The day-to-day running of the service is provided by the centre manager with support of a business manager and finance manager. The provider employs two ultrasonographers, three healthcare assistants and three receptionists/administration staff. The service is overseen by the organisation's three board members, of which the centre's clinical director is the CEO. There are approximately 13 consultants who work under practising privileges (the granting of practising privileges is a well-established process within independent healthcare

Summary of findings

whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services). All consultants hold NHS substantive positions in obstetrics and gynaecology, foetal medicine or paediatrics. The consultants source their own patients and also see patients who book directly with the service. They provide treatment and care with the support of the provider's ultrasonography, midwife and healthcare assistant team. The service also has three GPs providing regular sessions.

Services provided include antenatal and postnatal care, gynaecology, including vaginal laser treatment, immunisations, sexual health and ultrasound scanning, including 3D and 4D baby 'keepsake scans' and GP services. The service also provide a range of complementary therapies, for example, physiotherapy and acupuncture. Complementary services are not regulated by CQC and were not inspected.

The service offers pre-bookable face-to-face appointments to both adults and children. Patients can access appointments Monday to Thursday from 8am to 8pm, Friday from 8am to 7pm and Saturday from 9am to 2pm. At the time of our inspection the service was seeing approximately ten thousand patients per annum.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of Treatment of Disease Disorder or Injury, Diagnostic & Screening Procedures, Maternity and Midwifery Services and Family Planning.

The centre manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection, we asked for CQC comments cards to be completed by patients prior to our inspection. Thirty-four comments cards were completed, all of which were positive about the service experienced. Patients commented that the centre offered an excellent service and staff were professional, caring and friendly. We also received five comments through the 'share your experience' portal on the CQC website, all of which were positive about the care received. We were unable to speak with any patients directly at the inspection.

Our key findings were:

- Although there were systems in place to assess, monitor and manage risks to patient safety, we found shortfalls in respect of medicine management and responding to a medical emergency, including access to emergency medicines.
- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- The practice carried out staff checks on recruitment, including checks of professional registration where relevant.
- Staff we spoke with were aware of current evidence based guidance and they had the skills, knowledge and experience to carry out their roles. However, there were no systems in place to monitor that care and treatment was delivered in line with evidence based guidance.
- There was some quality improvement initiatives which included single cycle audits and reflection on formal patient feedback, but there was no on-going programme of continuous quality improvement.
- Consent procedures were in place and these were in line with legal requirements.
- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. The service was caring, person centred and compassionate.
- Systems were in place to protect personal information about patients. The service was registered with the Information Commissioner's Office (ICO).
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Information about services and how to complain was available.
- The service had proactively gathered feedback from patients.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.

Summary of findings

We identified regulations that were not being met and the provider must**:**

- Ensure care and treatment is provided in a safe way to patients.

There were areas where the provider could make improvements and should:

- Review the process for receiving, disseminating and acting on patient safety alerts.
- Review infection control processes including the potential need for a formal audit to include clinical waste segregation, staff training requirements and the recording of immunisation status in line with guidance.
- Review quality improvement initiatives which may include completed clinical audits.
- Consider arranging formal interpreter and translation services and review the information available for patients who do not speak English.
- Consider how to improve access to patients with hearing difficulties.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations in respect of medicine management and responding to a medical emergency, including access to emergency medicines.

We have told the provider to take action. You can see full details of this action in the Requirement Notices section at the end of this report.

- There were systems and processes in place to keep patients safe and safeguarded from abuse and a robust patient identification system was in place.
- There was a system in place for the reporting and investigation of incidents and significant events. Lessons learnt were shared with staff.
- There were systems in place to meet health and safety legislation.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

We found areas where improvements should be made relating to the safe provision of treatment. This was because infection control processes including the potential need for a formal audit to include clinical waste segregation, staff training requirements and the recording of immunisation status in line with guidance required review.

Are services effective?

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

- Clinical staff told us they 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 and the British Medical Ultrasound Society (BMUS).
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, we identified gaps for non-clinical staff in infection prevention and control and basic life support.
- There were formal processes in place to ensure all members of staff received an induction and an appraisal.
- Consent procedures were in place and these were in line with legal requirements.

We found areas where improvements should be made relating to the effective provision of treatment. This was because the provider did not have systems in place to monitor and ensure care and treatment was delivered in line with evidence based guidance and there was no on-going programme of continuous quality improvement.

Are services caring?

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

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Systems were in place to ensure that all patient information was stored and kept confidential. The service was registered with the Information Commissioner's Office (ICO).
- Patient feedback through CQC comment cards and surveys showed that patients were satisfied with the care and treatment received and that they were treated with dignity and respect.
- Information for patients about the service was available in a patient brochure and on the centre's website which included the costs of services provided.

Summary of findings

Are services responsive to people's needs?

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

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Access to the service was available for people with mobility needs.
- There was a complaints procedure in place.

We found areas where improvements should be made relating to the responsive provision of treatment. This was because the provider did not have a hearing loop to aid those patients who were hard of hearing and there was no formal access to interpreter/translation services.

Are services well-led?

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

- There was a clear ethos of patient centred care. Clinical and non-clinical leads had the capacity and skills to deliver high-quality, sustainable care.
- The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service engaged and involved patients and staff to support high-quality sustainable services.

The Women's Wellness Centre

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection of Private Doctor Clinic on 8 February 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements within the Health and Social Care Act 2008 and associated regulations.

Our inspection team was led by CQC Lead Inspector and included a GP Specialist Advisor.

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection we spoke with the centre manager, clinical director, GP, consultant obstetrician and gynaecologist, midwife, lead ultrasonographer, healthcare assistant and reception staff. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment and training records, significant events, patient survey results and complaints.

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 found that this service was not always providing safe care in accordance with the relevant regulations specifically in respect of medicine management and responding to a medical emergency, including access to emergency medicines.

Safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a clinical and non-clinical lead for safeguarding. We saw that the clinical lead had received safeguarding children level three and the non-clinical lead had completed safeguarding children level two training and was in the process of completing level three.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and knew who the safeguarding leads were. We saw evidence that employed staff had received safeguarding training appropriate to their role. GPs working under practising privileges had been trained to safeguarding level three and of the consultants working under practising privileges, one had been trained to level four, four to level three and eight to level two.
- The provider demonstrated that it had systems in place to check a person's identity, age and, where appropriate, parental authority.
- Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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). There was a chaperone policy and staff we spoke with who acted as a chaperone understood their role and responsibilities.
- We reviewed the personnel files of four staff employed and found that the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, written references and appropriate checks through DBS. We saw that the consultants working under practising privileges were appropriately vetted before they were allowed to work at the centre. For example, proof of professional registration, indemnity insurance, DBS check and evidence of NHS annual appraisal.
- We observed that appropriate standards of cleanliness and hygiene were followed. The service had an IPC policy in place which was accessible to staff. The service had nominated a healthcare assistant as infection prevention and control (IPC) lead who had undertaken training. We saw evidence that clinical staff had undertaken IPC training but this had not been extended to non-clinical staff. However, non-clinical staff we spoke with understood good handwashing techniques, how to handle spillages and had access to bodily fluid spillage kits. The provider had not undertaken a formal IPC audit to assess and monitor IPC risks, but clinical rooms were checked on a daily basis by the healthcare assistants to ensure they were clean and had adequate supplies, for example, personal protective equipment (PPE), sharps bins and couch rolls. We saw that all consultation rooms were adequately equipped with PPE and waste disposal facilities. However, we noted that clinical staff did not have access to all the appropriate colour-coded sharps containers required for the range of medicines administered. The service did not consistently record the immunisation status of staff in direct patient care in line with the recommendations of the 'Green Book' Immunisation against infectious diseases (chapter 12).
- There was a system in place for dealing with pathology results. Pathology specimens were sent to a professional laboratory for analysis. We were told that test results were sent by encrypted email to the requesting clinician and the clinic and were saved in the patient's medical records. The provider told us that because the consultants were working under practising privileges it was their responsibility to check the results and ensure they were communicated to patients as they were not employees of the clinic. Although the provider did not have a formal monitoring process for when patients received their results there were effective lines of communication with the consultants and their secretaries to minimise the risks of patients not receiving them.

Risks to patients

Are services safe?

Although there were systems to assess, monitor and manage risks to patient safety, we found shortfalls in respect of medicine management and responding to a medical emergency, including access to emergency medicines.

- There were no panic alarms installed in the clinical rooms to alert other staff in an emergency. Staff we spoke with told us they would use the phone or call for help.
- The provider did not have a defibrillator. There was a non-medical grade oxygen canister available which we found was defective. The provider replaced the oxygen on the day of the inspection. We noted that this had been supplied with an adult mask but no children's mask. The only emergency medicines held on the premises were adrenaline for adults and children used to treat severe allergic reactions (anaphylaxis). The clinical director told us that the service was in close proximity to a NHS A&E department and they would phone the ambulance service in the event of an emergency. However, the provider had not formally risk assessed this arrangement. The service provided obstetrics and gynaecology services, which included intrauterine coil (IUC) fitting and GP services. However, there was no documented risk assessment to address emergency medicines they did not stock. For example, atropine (used to treat bradycardia which may occur on IUC fitting) or medicines commonly used to manage patients presenting with risk of a potential heart attack, seizure, asthma attacks or meningitis.
- Some of the staff we spoke with who were working under practising privileges were unclear about the procedures in the event of a medical emergency and what equipment was available and where it was located. For example, one member of staff said there was a defibrillator available. Only clinical staff had been trained in basic life support (BLS).
- The clinical staff we spoke with knew how to identify and manage patients with severe infections, for example, sepsis.
- One of the healthcare assistants administered a range of adult and childhood immunisations. We saw that training had been undertaken and an assessment of competence under the supervision of a consultant neonatologist. The healthcare assistant told us that all immunisations were administered against a Patient Specific Directive (a written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber had assessed the patient on an individual basis) and was able to demonstrate some examples. The provider confirmed that the healthcare assistant only administered immunisations to a patient who had been assessed by a clinician first. All travel immunisations were administered by the GPs.
- The clinic had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which included contact details of staff.
- There were arrangements for planning and monitoring the number and mix of staff needed.

Information to deliver safe care and treatment

- Individual care records were written and managed in a way that kept patients safe. Patient records were stored securely using an electronic record system. There were no paper records. Computers were password protected with restricted access dependant on role.
- The care records showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable. This was captured at the point of patient registration.

Safe and appropriate use of medicines

- The service did not have reliable systems in place for appropriate and safe handling of medicines. Specifically, the provider was not compliant with the Medicines for Human Use 2012 Regulations (Schedule 26) with regards to the packaging requirements for medicines dispensed by the service.
- We found the service held a range of medicines for the purpose of dispensing which included antibiotics and contraceptives. There were no controlled drugs. We saw that all medicines were held in a secure area, in a locked cupboard and only accessible to authorised individuals. All medicines we reviewed were in-date. It was the responsibility of the healthcare assistants to dispense the medicines under instruction from the clinicians. We saw that they had been trained for this role and there was always a clinician on-site.
- In the medicines storage area, we noted that the medicines tranexamic acid (used to treat

heavymenstrual bleeding), ranitidine (used to treat certain stomach problems) and dispersible aspirin had been removed from the original packaging and repackaged in smaller quantities in plastic bags. We saw that each bag included a copy of the patient information leaflet (PIL) and the batch number and expiry date of the medicines. The provider told us there was a system in place for labelling medicines prior to dispensing but that this was not consistent. For example, repeat dispensing of contraceptive pills were sometimes given to patients without a label. The provider showed us an example of a label which included the patient name, date of birth and medicine dose. Medicines for Human Use 2012 Regulations (Schedule 26) states that where a product is dispensed to a particular individual the label should include the name of that individual, the name and address of the person who sells or supplies the product, the date on which the product is sold or supplied, the name of the product or its common name, directions for use of the product and precautions relating to the use of the product.

- Prescriptions were issued on a private basis by individual consultants on a service letterhead. The provider did not retain a copy or scan the prescription and relied on the consultant entering medicines details in the patient's medical record on the clinical computer system. The provider did not audit the prescribing undertaken by consultants so were unable to confirm if this was consistently undertaken. A record of internal dispensing was maintained.
- Clinical staff told us they prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However, the provider did not have a system in place to monitor the prescribing of its clinical staff working under practising privileges so were unable to audit prescribing to assure itself that the most appropriate choice of clinically effective medicine, informed by best available evidence, was used to meet patients' needs and improve patient outcomes. The provider had not issued any guidance on the prescribing and monitoring of high risk medicines and was unaware if these were prescribed, but felt it was unlikely.
- There were two dedicated vaccine storage refrigerators with built-in thermometers and we saw evidence that the minimum, maximum and actual temperatures were recorded daily. However, the service had not considered the recommendations of Public Health England's Protocol for ordering, storing and handling vaccines (March 2014) which states all vaccine fridges should ideally have two thermometers, one of which is a maximum and minimum thermometer independent of mains power. If only one thermometer is used, then a monthly check should be considered to confirm that the calibration is accurate. We saw that the fridge on the lower ground floor was overstocked and did not have sufficient space around the vaccine packages and may not allow air to circulate adequately. All vaccines we reviewed were in-date.

Track record on safety

The service had a good safety record.

- The service was operating from leased premises and maintenance and facilities management was shared by the landlord and the tenant.
- The provider had a health and safety and fire policy in place. There was a health and safety poster in the staff room. Staff had access to first aid kits and the service had trained and nominated first aid leads. There was an accident book was available.
- We saw that various risk assessments had been undertaken for the building, including health and safety, Control of Substances Hazardous to Health (COSHH) and fire. We saw that action had been taken to address the findings of the risk assessments.
- We saw evidence that the fire alarm warning system and firefighting equipment was regularly maintained by an external contractor. The service carried out a weekly fire alarm warning system test and these were logged. The service had nominated two fire marshals. All staff we spoke with knew the location of the fire evacuation assembly point and had undertaken fire awareness training.
- The service ensured that equipment was safe and maintained according to manufacturers' instructions. We saw that portable appliance test (PAT) had been undertaken in April 2017 and was undertaken annually. Calibration of medical equipment, such as vaccine fridges, weigh scales and blood pressure monitors, had been scheduled for immediately after our inspection and the provider sent evidence that this had been undertaken. We saw that equipment used for treatment and diagnostic purposes, for example, ultrasound machine and laser were on individual maintenance

contracts to ensure they were in good working order. The sonographer we spoke with told us the ultrasound machine was checked prior to each use and cleaned after each patient. This was recorded.

- The regulations for the safe use of laser equipment were being followed. There was a Laser Protection Advisor (LPA), a nominated individual as the Laser Protection Supervisor (LPS) and local rules for laser safety were in place. Only one member of the consultant team undertook laser treatment and we saw evidence of competence training and awareness of general precautions and protective equipment.

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. There was an incident policy in place which was accessible to staff. Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- The service had recorded 15 incidents in the past 12 months. We saw that the service had adequately reviewed and investigated when things went wrong and took action to improve safety.
- Staff we spoke with were aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- Although there was a system for receiving patient safety alerts, for example Medicines and Healthcare Regulatory Agency (MHRA), there was no clear and consistent system for disseminating and acting on those received. The provider did not have a record of any recent safety alerts that required an action. Clinical staff we spoke with could not recall any alerts forwarded by the provider.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

Clinical staff we spoke with told us they 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 and the British Medical Ultrasound Society (BMUS). The provider did not have any systems in place to ensure that care and treatment was delivered in line with evidence based guidance.

Monitoring care and treatment

We saw that the provider had undertaken some quality improvement initiatives which included reflection on formal patient feedback and single cycle audits. For example, a review of practice dispensing, paediatric immunisation and consent. The provider also told us how they had introduced services to the centre to enhance the patient experience and increase patient safety. For example, the introduction of the the non-invasive prenatal blood test which can predict common genetic disorders such as Down's syndrome. However, there was no on-going programme of continuous quality improvement.

Effective staffing

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

- We saw evidence that all clinical staff were registered with their appropriate professional body. For example, General Medical Council (GMC), the Nursing & Midwifery Council (NMC) or the Health and Care Professions Council (HCPC).
- All consultants working under practising privileges held NHS substantive positions.
- All doctors had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practise). All doctors were following the required appraisal and revalidation processes.
- The service had a comprehensive induction programme for newly appointed staff which included role-specific training, the centre's vision and values and information on fire safety, infection prevention and control, health and safety and confidentiality.
- The service could demonstrate role-specific training and updating for relevant staff. For example, immunisation training.
- The learning needs of staff were identified through a system of appraisals. All staff who had been with the service for more than one year had received an appraisal in the last 12 months. Consultants working under practising privileges had to provide evidence of an up-to-date NHS annual appraisal.
- Staff received training that included: safeguarding, health and safety, fire safety awareness and chaperoning. Only clinical staff had undertaken training in basic life support and infection prevention and control.

Coordinating patient care and information sharing

- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable. This was captured at the point of patient registration. The provider told us that if a patient declined consent to share information with their GP, but it was felt it was in the patient's best interest to share the information; a further discussion would take place at the consultation to gain consent.

Supporting patients to live healthier lives

Staff told us they were proactive in helping patients to live healthier lives. The service had a comprehensive range of information available on their website which included health blogs.

Consent to care and treatment

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

- All staff we spoke with understood and sought patients' consent to care and treatment in line with legislation and guidance, including the Mental Capacity Act 2005.
- The service had a consent policy and we saw documented examples of where consent had been sought. For example, clear documented consent was maintained for patients attending for 'baby keep sake'

Are services effective?

(for example, treatment is effective)

scans. The ultrasonographer we spoke with told us patients were informed of possible risks in line with current guidance and possibility of abnormalities in the unborn baby being detected.

- We were told that any treatment, including fees, was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.
- There was comprehensive information on the service's website with regards the services provided and what costs applied. The website had details of how the patient could contact them with any enquiries.

Are services caring?

Our findings

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

Kindness, respect and compassion

- Staff treated service users with kindness, respect and compassion.
- Staff respected the personal, cultural, social and religious needs of service users.
- Arrangements were in place for a chaperone to be available if requested.
- Service users were provided with timely support and information.
- We were unable to speak to patients at our inspection. However, we received 34 CQC comments cards and five comments through the 'share your experience' portal on the CQC website, all of which were positive about the service experienced. Patients commented that the centre offered an excellent service and staff were professional, caring and friendly.
- The service proactively gathered feedback from patients and we saw the most recent survey carried out by the provider showed that of the 41 responses they received from patients, 92% rated their overall experience of the centre as excellent or very good.
- Patient testimonials on the centre's website and an array of thank you cards and letters received by the centre were all very positive about the service provided.

Involvement in decisions about care and treatment

- The service gave patients clear information to help them make informed choices which included comprehensive information on the service's website and a patient brochure. Clear information regarding the cost of services was given on the service's website and when booking an appointment. The centre had a policy to email all patients when an appointment had been booked confirming the costs.
- The service did not have access to formal interpreter and translation services but staff spoke several languages which included Farsi, Turkish, French, Urdu and the Arabic language.
- There was no induction hearing loop available to aid those patients who were hard of hearing.

Privacy and Dignity

- The service had a confidentiality policy in place and there were systems to ensure that all patient information was stored and kept confidential. All staff had signed a confidentiality agreement.
- Staff we spoke with recognised the importance of patients' dignity and respect.
- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The service complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service met patients' needs through the way it organised and delivered services. It took account of patient needs and preferences.

- The facilities and premises were appropriate for the services delivered. Patients had access to refreshments. Clinical rooms were at ground and lower ground level. Lower ground was accessible by stairs. Accessible toilet facilities were available on the ground floor. There was ramp access to the premises and a wheelchair available to assist patients with mobility issues. Patient security had been considered and there was a door buzzer controlled entry system. The entrance to the centre and the waiting area was visible from the reception area. All staff wore a corporate uniform and name badges.
- Breast feeding, baby changing facilities and a children's play area were available.
- Information about the centre, including services offered and fees, was on the centre's website. A patient brochure and information on treatments offered were available in the waiting area.

Timely access to the service

Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.

- Appointments were available on a pre-bookable basis. The service offers pre-bookable face-to-face appointments to both adults and children. Patients could access appointments on Monday to Thursday from 8am to 8pm, Friday from 8am to 7pm and Saturday from 9am to 2pm.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- The service had a complaints policy and there were procedures in place for handling complaints. This included timeframes for acknowledging and responding to complaints with investigation outcomes.
- The centre manager was the designated responsible person to handle all complaints.
- Information about how to make a complaint was available to patients in the centre and on its website. We saw the information provided included guidance on how to escalate the complaint if dissatisfied with the response.
- The service had recorded 11 complaints in the last year. We found that they were satisfactorily handled in a timely way and we saw evidence of learning.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

The clinical director and centre manager had the capacity and skills to deliver high-quality, sustainable care.

- The clinical director and centre manager had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The centre manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- The provider prided itself on a highly personalised, caring journey for all its patients.
- There was a clear vision and set of values. The service developed its vision, values and strategy jointly with staff. For example, the service's mission 'embracing service excellence as a habit not an event' had been collectively agreed at a staff away day. This included 10 standards of excellence that all staff strove to achieve, for example, be proactive, go the extra mile for a patient, take responsibility for centre standards.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The provider had undertaken a recent staff survey to gauge its staff's understanding of its core values. Staff we spoke with gave examples of what the vision and values meant to them and how they upheld these in their day-to-day role.
- There was a realistic strategy and a five year business plan to achieve priorities. The provider had a comprehensive Statement of Purpose which it shared with patients on its website.
- The service monitored its progress against delivery of the strategy and regularly held staff away days to realign its strategic direction with its development.

Culture

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

- Staff felt respected, supported and valued. They told us they were proud to work at the service. The service focused on the needs of patients.
- All staff we interviewed spoke highly of the team spirit and commented that there was an open door policy and the management team were visible and approachable.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff we spoke with told us there was a culture of openness, honesty and transparency when responding to incidents and complaints.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of staff.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and accountabilities. Staff had lead roles, for example, infection control, complaints and safeguarding.
- Practice specific policies were implemented and available to all staff on the shared drive of the computer system.
- There was a weekly whole team staff meeting, senior management meetings and clinical educational breakfast meetings.

Managing risks, issues and performance

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

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety and fire risk assessments had been completed for the premises.

Are services well-led?

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

Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

- Patient consultations and treatments were recorded on a secure electronic system.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service engaged and involved patients and staff to support high-quality sustainable services.

- The service encouraged and valued feedback from patients and had a system in place to gather feedback from patients on an on-going basis.
- The provider held patient open days to promote its service portfolio.
- The provider actively engaged with staff through one-to-one meetings, whole team meetings, appraisals and annual team away days to enable team building and to set the strategic direction. All staff we spoke with told us they felt involved in creating the vision, values and strategy of the centre.
- The provider held educational meetings and strategic planning dinners with its consultants and GPs working under practising privileges.

Continuous improvement and innovation

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

- There was a focus on learning at all levels of the service. The provider was supporting and funding the healthcare assistant to undertake a nursing degree through the Open University.
- The service had recently acquired a laser for the specific treatment of vaginal atrophy (the thinning, drying and inflammation of the vaginal walls due to your body having less oestrogen). The clinical director, who was a consultant gynaecologist and obstetrician, had recently trained in the technique which was now available to its patients.
- The practice made use of reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. The provider held annual team away days.
- We saw that the next phase of the service's strategy included increasing the centre's on-line presence through the development of a mobile 'app' and social media platform for its patient community.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • The provider did not have an effective system in place to manage medical emergencies, including the availability of emergency medicines. • The provider did not dispense medicines in line with regulation. • The provider did not have a process in place to monitor prescribing. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.