

London Doctors Clinic Ltd

Waterloo

Inspection report

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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. (Previous inspection 14 March 2018.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at London Doctors Clinic Limited, Waterloo on 19 June 2019 as part of our current inspection programme. We previously inspected this service on 14 March 2018 using our previous methodology, where we did not apply ratings.

London Doctors Clinic Limited, Waterloo is an independent doctors service which provides private

Summary of findings

general medicine services on a single-visit basis (the service does not regularly manage long-term conditions). All services are private and subject to payment of fees. No NHS services are provided.

The senior manager of the company 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.

We received four completed CQC comment cards which were all consistently positive about the service. Patients commented that the doctors were attentive, caring and professional.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- There was an open and transparent approach to safety and a system in place for recording, reporting and learning from significant events and incidents. The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents happened, the service learned from them and reviewed their processes to implement improvements.
- There were clearly defined and embedded systems, processes and practices to keep people safe and safeguarded from abuse, and for identifying and mitigating risks of health and safety.
- Patients received effective care and treatment that met their needs.

- The service organised and delivered services to meet patients' needs. Patients said that they could access care and treatment in a timely way.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines and best practice.
- Patients told us that all staff treated them with kindness and respect and that they felt involved in discussions about their care and treatment options.
- Doctors had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

We saw an example of outstanding practice:

The service had a comprehensive and effective approach to managing and responding to patient feedback and complaints:

- All patients were sent a questionnaire to complete following each consultation they received. Feedback was collated and analysed at an organisational level.
- Feedback was sent to doctors immediately, and doctors also received detailed monthly summaries of their feedback.
- All patient feedback that scored less than four or five overall (out of five), or any feedback containing any negative comments, was classified as a complaint and handled according to the organisation's complaints arrangements.
- The organisation used feedback and complaints to inform staff training and development.

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

Waterloo

Detailed findings

Background to this inspection

The registered provider of the service is London Doctors Clinic Limited, which is an independent provider of private general practitioner services from 14 sites in central London.

Three of these 14 sites are registered as satellite sites to the main Waterloo location, which is at Mercury House, 117 Waterloo Road, London SE1 8UL. This is within the London borough of Lambeth. We visited this site as part of the inspection.

The three satellite sites are located at:

Barbican: 131 Aldersgate Street, London EC1A 4JQ.

Holborn: 233 High Holborn, London WC1V 7DN.

Marylebone: 136 Harley Street, London W1G 7JZ.

We visited the three satellite sites as part of the inspection. This was to review the premises only; no staff or patients were spoken with at these sites.

The remaining nine sites are registered as separate locations. Therefore, they were not included as part of this inspection.

The service provides general practice services which are available to any fee-paying patient. This includes adults and children of any age; however, most patients are adults. Services are offered on an appointment basis only; there is no provision of a walk-in service.

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

- Treatment of Disease, Disorder or Injury.
- Diagnostic and Screening Services.
- Maternity and Midwifery Services.

Services provided include blood tests; certificates and medicals; sporting medical certificates; allergy treatments; immigration and visa medicals; travel services; and sexual health services.

London Doctors Clinic has approximately 70,000 patients registered across all 14 sites. These are patients that have been seen at least once across the organisation. Approximately 5,000 patients are seen across all 14 sites per month.

Of the 40 doctors that work for London Doctors Clinic Limited across all 14 sites, 10 work regularly at the Waterloo site and three satellite sites. All clinical staff are doctors; there are no nurses working at the service.

Each separate site has a Clinic Manager who also carries out site management, administrative and reception duties. Clinic Managers sometimes work across different sites across the organisation.

Service provision at all sites is supported by a corporate team which includes dedicated management, governance, quality assurance and administrative functions.

Services are generally provided from 8am to 8pm seven days a week. Actual appointment availability may sometimes vary at different sites, depending on doctors' working patterns. Appointments can be made by using a central telephone number, or through an online booking system accessible through the organisation's website.

Video consultations are available if requested, but the numbers of these provided across the organisation are currently very small. Telephone consultations and home visits are not available.

The service does not offer out of hours services on the premises, but on-call doctors are available to discuss ongoing care with existing patients outside of opening hours.

Detailed findings

The main location and three satellite sites are located within serviced offices (Waterloo) or dedicated health centres or clinics (Barbican, Holborn and Marylebone). Each site is fully accessible with disabled access via lifts and/or ramps. Each site is located within a five minute or less walk from major London transport hubs.

The service website address is:
<https://www.londondoctorsclinic.co.uk>

How we inspected this service

We reviewed information about the service in advance of our inspection visit. This included:

- Data and other information we held about the service.
- Material we requested and received directly from the service ahead of the inspection.
- Information available on the service's website.
- Patient feedback and reviews accessible on various websites.

During the inspection visit we undertook a range of approaches. This included interviewing clinical and non-clinical staff, reviewing feedback from patients who had used the service, reviewing documents, examining electronic systems, and assessing the building and equipment.

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:

Waterloo demonstrated they provided services in a way that consistently promoted and ensured patient safety.

Safety systems and processes

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

- The service had clearly defined systems, processes and related practices which were embedded and integrated. Staff we spoke with demonstrated appropriate understanding of safety management.
- The service conducted safety risk assessments and had appropriate related safety policies. These were regularly reviewed and shared with all staff. Staff received safety information as part of ongoing training.
- The service had appropriate processes for receiving, managing and responding to alerts, including those received from the MHRA (Medicines and Healthcare products Regulatory Agency). One of the doctors who sometimes worked at the Waterloo site (as well as other London Doctors Clinic sites) had overall clinical responsibility for managing and responding to alerts for the whole organisation.
- The service had systems to safeguard children and vulnerable adults from abuse. There were detailed policies which had been regularly reviewed, and these were accessible to all staff. Safeguarding was a standing agenda item at clinical meetings which were held fortnightly.
- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with demonstrated they understood their responsibilities in relation to safeguarding, including reporting concerns to external agencies.
- The service worked with other agencies (for example NHS GPs where patients were registered with one) to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Staff were able to describe examples of where they had acted appropriately in response to safeguarding concerns, for example suspected modern slavery.

- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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).
- Chaperones were available if patients required this service. There were notices advising this was available. All Clinic Managers received ongoing training and updates to act as chaperones.
- There was an effective system to manage infection prevention and control. There was a detailed policy and appropriate cleaning schedules were being used. Arrangements to manage the risks associated with legionella were in place. There were sufficient systems for safely managing healthcare waste. One of the doctors working for London Doctors Clinic had overall clinical responsibility for infection control across the organisation.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- Staff we spoke with understood and could describe their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff demonstrated they knew how to identify and appropriately manage patients with severe infections, for example sepsis.
- Appropriate insurance schedules were in place to cover all potential liabilities, including professional indemnity arrangements. The organisation used its own indemnity scheme to promote consistency.
- All staff had received basic life support training.
- Emergency medicines, oxygen and defibrillators were situated at each site.
- The service had a business continuity plan for major incidents such as power failure or building damage. Patients could be redistributed to other London Doctors Clinic sites if needed, and this would be co-ordinated through the organisation's head office.

Information to deliver safe care and treatment

Are services safe?

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. The care records we saw showed that information needed to deliver safe care and treatment was appropriately available and accessible to staff.
- The organisation's patient record system was used across all sites. Staff could access all patient records at any of the sites, and also remotely. The system was appropriately secure.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The service understood their responsibility to communicate with other health professionals, for example when referring patients over to secondary care.
- There was a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment, minimised risks. The service used an electronic prescription system and this was monitored appropriately. Paper prescriptions were not used.
- The service dispensed a number of medicines, which did not include controlled drugs in Schedules 1, 2 and 3 as defined by the Misuse of Drugs Regulations 2001. There was a policy and operating procedure in operation for medicines held and dispensed.
- The service dispensed Schedule 4 medicines and had a policy which set out their approach to managing these safely. These medicines could only be issued on a face-to-face basis and subject to proof of identity. The service would not repeat dispense these medicines without a clinical review.
- All medicines were securely stored and there were effective stock control systems in operation. Medicines

were dispensed by a doctor at the time of the consultation. Details of the dispensed medicine(s), including batch numbers, were recorded in patient notes.

- Medicines were dispensed – and appropriate advice given – in line with legal requirements and current national guidance.
- There were appropriate measures for verifying the identity of patients including children.
- The service had carried out audits of antimicrobial prescribing. There was evidence of actions taken to support appropriate antimicrobial management.

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 appropriately monitored and reviewed activity. This helped it 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. The service used an electronic significant incident form to document and record incidents. This was accessible for all staff.
- The organisation had clear definitions of significant events. In addition to events with adverse or potentially adverse outcomes, these also incorporated where things had gone well resulting in positive outcomes.
- There were sufficient 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. We reviewed examples of learning which were addressed appropriately.
- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a process to consistently disseminate alerts to relevant staff.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Waterloo provided effective care that met with current evidence-based guidance and standards. There was a system for completing audits, collecting feedback and evidence of accurate, safe recording of information.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance which was relevant to their service.

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines which the service reviewed and utilised.
- The service had integrated a prescribing reference tool into their electronic clinical system, which meant that doctors always had access to current prescribing guidance.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs, and their mental and physical wellbeing.
- We saw evidence of appropriate use of care plans, care pathways and supporting processes.
- We saw minutes which had been documented as part of clinical and governance meetings where patient care was discussed.
- We saw evidence that clinicians had sufficient information to make or confirm diagnoses.
- 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.

- We saw that monthly audits of consultation notes for each doctor working for the service had been completed. Staff told us this was to assess consultation safety, review adherence to guidance and best practice, and to check that follow-up work was clinically and ethically appropriate.

- Doctors were provided with feedback following these consultations audits, and there was corporate oversight and tracking of these.
- The service had carried out clinical audits over the last 12 months which we reviewed. This included medicine prescribing, ear syringing, and management of a sexual health condition, and a review of vitamin D deficiency in type-2 diabetes patients. Each of these audits were repeat cycle (two or three cycles), and we saw evidence of improved outcomes for patients as a result of actions taken by the service.
- We saw evidence of close monitoring of medicine prescribing, including dedicated weekly meetings to consider prescribing rates.
- In addition to clinical audits, other appropriate audits had been undertaken regularly and in the last 12 months. This included health and safety, risks and infection control.

Effective staffing

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

- All staff were appropriately qualified. The service had separate induction programmes for newly-appointed clinical and non-clinical staff which were role-specific. This included a period of supervised clinics for doctors.
- Doctors were registered with the General Medical Council (GMC) and records showed they were all up to date with revalidation.
- The service understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were sufficiently maintained and were up-to-date, with corporate oversight of these across the wider organisation. Staff were encouraged and given opportunities to develop.
- The service could demonstrate that staff had undertaken role-specific training and relevant updates including basic life support, infection control, safeguarding and mental capacity act training. Doctors had completed safeguarding children level three training.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

- Patients received coordinated and person-centred care. Staff communicated effectively with other services when appropriate, for example by sharing information with patients' NHS GPs in line with GMC guidance. This was subject to patients' agreement and there was a documented process to support this.
- Each consultation included a discussion relating to sharing information, including relevant consent, with the patient's NHS GP where applicable.
- If patients required urgent diagnostic referrals staff told us patients would be advised to contact their NHS GP who would make the referral. The service would provide a letter for the patient to give to their GP with relevant information from the consultation. We saw evidence that the service shared concerns with patients' GPs.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health and their medicines history.
- We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- We saw evidence that staff gave patients advice so they could self-care where this was appropriate.
- Where patients needs could not be met by the service, staff would signpost them to services appropriate for their needs.
- The service produced a newsletter for commercial clients who were employers, which included health and lifestyle advice.

Consent to care and treatment

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

- Staff demonstrated they understood the requirements of legislation and guidance when considering consent and decision making.
- The service had a documented process for sharing information with patients' NHS GPs if required.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Doctors demonstrated understanding of the concept of Gillick competence in respect of the care and treatment of children under 16. The service monitored the process for seeking consent appropriately.

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.

Are services caring?

Our findings

We rated caring as Good because:

Waterloo demonstrated that they ensured patients were involved in decisions about their treatment, that their needs were respected, and that services were provided in ways that were caring and supportive.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Longer appointments were available if requested.
- Feedback from patients was consistently positive about the way staff treated them.
- Staff demonstrated they understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Staff we spoke with demonstrated a patient-centred approach to their work. This was reflected in the service's patient feedback.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- The service's post-consultation surveys indicated that the majority of patients felt listened to and involved in decisions about their care and treatment.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Doctors helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given).

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff demonstrated that they recognised the importance of people's dignity and respect.
- Patients commented that doctors were attentive, understanding, and ensured their dignity was maintained at all times.
- Staff knew that if patients wished to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Private rooms were available at each site.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Waterloo ensured they responded to patients' needs for treatment and that they were able to deliver those services.

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 service made clear to patients what services were offered and the limitations of what was provided. For example, the service did not provide ongoing management of long-term conditions and this was made clear to patients.
- The service facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

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

- Services were offered on a private, fee-paying basis only, and therefore were accessible to people who chose to use them.
- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Feedback - including from the service's own surveys, reviews posted on the internet, and CQC comments cards – indicated that patients were able to access the service when required. Patients reported they were able to access appointments that were convenient to them.
- Patients reported that the appointment system was easy to use.

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 on the service website and at the service premises. Staff told us they made patients aware of the complaints procedure, and how the organisation welcomed complaints and feedback to help improve the service.
- Staff treated patients who made complaints with concern and compassion.
- There was a complaints policy and procedure which had been regularly reviewed and updated.
- The service treated all feedback reviews which did not receive either four or five stars out of five as a complaint and responded accordingly.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. Where appropriate and according to certain criteria, patients could have their fees partially or fully refunded and/or receive subsequent consultations free of charge.
- The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- Doctors reviewed all complaints received, whether categorised as clinical complaints or not.
- Complaints were passed directly to doctors involved.
- All complaints were monitored as part of ongoing analysis of all feedback. There were staff responsible at a corporate level (including a dedicated Complaints Manager and a Director of Business Intelligence) for overseeing and managing complaints as part of their role.
- The service had received 43 complaints across the four sites in the last 12 months. We reviewed a sample of these complaints and how they had been handled, and we found the service had followed their documented procedure.
- We saw examples of how the service had made changes following complaints made. This included revising the service website and clarifying information; implementing additional staff training to improve the patient experience; amending the use of couriers and improving turn-around times for test results; and improving signage at some sites to make the services easier to find.

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:

Waterloo provided services which were well led and well organised, within a culture that was keen to promote high quality care in keeping with their systems and procedures.

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 of services, including the ongoing and future delivery of these services.
- Staff at all levels demonstrated high levels of experience, capacity and capability to deliver high-quality and sustainable care.
- Leaders demonstrated a detailed understanding of current and future challenges and priorities facing the organisation. This included consistent communication with NHS GPs (where applicable), timely patient accessibility, and maintaining consistently high standards across a large staff team.
- Leaders demonstrated a focus on meeting the challenges to delivering high-quality services. This included recruitment of the highest quality staff available; providing ongoing staff training; continuous interrogation and scrutiny of performance and quality information; ongoing analysis of patient demographics data; and developing and maintaining high-performing systems and processes.
- Staff at all levels prioritised the management of patient expectations.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and improve services. Staff were actively encouraged to identify opportunities and contribute ideas to improve the services delivered by the organisation.

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 including for future development.

- The service strategy was focused on meeting a demand for convenient same-day appointments at convenient locations in central London. There were plans to expand services to other sites.
- The service developed its vision, values and strategy by including all staff. Staff were aware of and understood the vision, values and strategy and their role in achieving these.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff we spoke with felt respected, supported and valued and told us they were proud to contribute to the service.
- Staff told us they were continually motivated to contribute to providing high-quality care.
- Staff were actively encouraged to raise concerns and make suggestions for improvement. The existing system of staff meetings, and related policies and procedures, positively supported these principles. Staff we spoke with told us they were confident that issues and concerns they raised would be addressed and managed appropriately.
- The service demonstrated a focus on the needs of patients.
- Leaders and staff demonstrated respect for the NHS. They told us they sought to compliment the services and care the NHS delivered, rather than replace or supersede its delivery. This was achieved by offering access at short notice to same-day appointments at a time convenient for the patient, on a fee-paying basis.
- The organisation had a clinical and ethics governance committee which focused on service excellence and integrity. This included consideration of appropriate provision of services and focused on ensuring appropriate and necessary interventions with patients. This included managing the risks of inappropriate upselling of services.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were effective processes for providing all staff with the development they needed. This included formal

Are services well-led?

Good 

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

appraisal, supervision, and development arrangements. All staff had received in-house appraisals in the last 12 months. There was a clear hierarchical structure for carrying out supervision and appraisal activities.

- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between all staff, managers and leaders.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. There were organisational approaches to governance that were consistently and appropriately applied.
- There was oversight for emergency medicines and equipment, and there was consideration for how to deal with medical emergencies.
- Staff were clear on their roles and accountabilities.
- There were proper policies, procedures and activities to ensure safety, and staff were assured that these were operating as intended.
- There were regular meetings held to support governance systems and their application. We saw evidence from minutes of meetings that demonstrated that lessons had been learned and shared following significant events and complaints.

Managing risks, issues and performance

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

- There were effective processes to identify, understand, monitor and address current and future risks which included risks to patient safety. We saw examples of where risks were managed effectively.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through oversight and consideration of consultations, prescribing and referral decisions.
- Patient feedback was used to support performance management of clinical and other staff.

- Feedback was analysed and reported at an organisational level. Appropriate actions were taken in response to feedback received, for example providing additional support and training where deemed necessary.
- Clinical and other audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The service had plans for managing and responding to major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Information was used appropriately to monitor and improve performance. This included the views of patients.
- Performance, quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were processes to address any identified weaknesses.
- The service used electronic systems to manage risks and monitor and improve care. For example, warnings were used on the clinical system to share information relating to patients known to the organisation for attempting to obtain prescriptions inappropriately. This information was shared across all sites.
- There were sufficient 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 encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture.
- There was a focus on proactively gathering and responding to patient feedback. All patients were sent a questionnaire to complete following each consultation they received. Staff told us there was a survey

Are services well-led?

Good 

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

completion rate of approximately 40%. Feedback was collated and analysed at an organisational level and there were dedicated staff responsible for overseeing this.

- Feedback was sent to doctors immediately on an ongoing basis, and doctors also received detailed monthly summaries of their feedback. Doctors could see how they were performing in relation to the other doctors working for the service. Data relating to other doctors was anonymised before being shared with individual clinicians.
- All patient feedback that scored less than four or five overall (out of five) was classified as a complaint and handled according to the organisation's complaints arrangements. This approach also applied to any feedback scoring four or five overall which contained any negative comments.
- Staff could describe to us the systems in place to give information about feedback and trends, including one-to-one sessions and staff meetings.
- The service was transparent, collaborative and open about performance.

Continuous improvement and innovation

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

- The manager told us the organisation as a whole and individual site were able to continually refine and improve the service. This was because there was a focus on a core product.
- There was a focus on continuous learning and improvement. Learning was shared between staff through immediate feedback and through staff meetings.
- The service made use of internal reviews of incidents, feedback and complaints. The organisation used feedback and complaints to drive and inform staff training and development at a team and individual level. We saw evidence of where patient feedback and staff performance had improved as a result of this approach
- Monthly continuing professional development sessions were held with all doctors.