

Sameday Doctor Holdings LLP

Samedaydoctor Canary Wharf Clinic

Inspection report

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

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? – Outstanding

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Samedaydoctor Canary Wharf Clinic on 11 June 2019 as part of our inspection programme.

We had previously carried out an announced comprehensive inspection of the service on 9 May 2018 and found that it was compliant with the relevant regulations.

Summary of findings

Samedaydoctor Canary Wharf Clinic is an independent health service based in London.

Our key findings were:

- The service provided care in a way which kept patients safe and protected them from avoidable harm.
- The service had systems to assess, monitor and manage risks to patient safety, and reliable systems for appropriate and safe handling of medicines.
- The service learned from, and made changes as a result of, incidents and complaints.
- The service assessed need and delivered care in line with current standards and evidence based guidance, and reviewed the effectiveness and appropriateness of the care provided.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The service treated patients with kindness, respect and dignity, and patient feedback was consistently positive about the service.
- The service organised and delivered services to meet patients' needs.
- There was a clear leadership structure in place and staff felt supported by management.

- The service had a governance framework in place which supported the delivery of quality care, and had established effective processes for managing risks, issues and performance.

We saw the following **outstanding** practice:

- The lead GP emails patients a few days after their appointment to see if they are feeling better or require any further assistance, which was appreciated by patients and resulted in effective interventions for patients.

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

- Review infection control training requirements for staff in accordance with recommendations in the Department of Health and Social Care's 'Code of practice on the prevention and control of infections'.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Samedaydoctor Canary Wharf Clinic

Detailed findings

Background to this inspection

Samedaydoctor Canary Wharf Clinic is an independent health service based in Canary Wharf, London. The provider, Sameday Doctor Holdings LLP, manages four Samedaydoctor clinics, three in London and one in Manchester.

Samedaydoctor Canary Wharf Clinic offers general private doctor services, health screening, sexual health testing and treatment, and vaccinations including children's and travel vaccines. The service holds a licence to administer yellow fever vaccines.

The service is registered with the CQC to provide the following regulated activities: diagnostic and screening procedures; family planning; and treatment of disease, disorder and injury.

Samedaydoctor Canary Wharf Clinic is open from Monday to Friday from 8am to 7pm and Saturday from 10am to 2pm.

The service is staffed by two GPs and two medical administrators.

The lead GP at the service is the registered manager. A registered manager is a person who is registered with the CQC 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 carried out this inspection as part of our comprehensive inspection programme of independent health providers.

Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor and a practice nurse specialist advisor.

The inspection was carried out on 11 June 2019. During the visit we:

- Spoke with a range of staff, including the lead GP, the other GP and a medical administrator.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of the service.

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.

Safety systems and processes

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

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. There was a safeguarding policy in place and supporting documents which set out the process for reporting a safeguarding concern and contained contact details for Tower Hamlets safeguarding teams; the policy and supporting documents contained information about how to recognise certain categories of abuse, including Female Genital Mutilation (FGM), abuse of sex workers, modern slavery and human trafficking. We saw staff had received safeguarding training appropriate to their role and they knew how to recognise and report potential safeguarding concerns.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis.
- The service had undertaken Disclosure and Barring Service (DBS) checks for staff (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service had a chaperone policy as well as a supporting document for non-clinical members of staff to refer to, which provided additional information about the role and responsibility of a chaperone. We saw a sign in the consultation room advising patients of the availability of chaperones. Staff who acted as chaperones had received training and were DBS checked.
- The two GPs undertook professional revalidation every five years in order to maintain their registration with the General Medical Council (GMC).
- We saw risk assessments had been completed to ensure the premises were safe, for example a health and safety risk assessment in June 2019, a fire risk assessment in January 2019 and fire extinguisher checks in March 2019. We saw evidence of regular fire alarm testing and fire drills. A legionella risk assessment had been carried out in May 2019 (legionella is a bacterium which can

contaminate water systems in buildings) and there was evidence of weekly water temperature testing and descaling. Staff received health and safety and fire training as part of their induction.

- The service ensured that facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. We saw evidence of calibration of medical equipment completed in May 2019 and portable appliance testing of electrical items in March 2019.
- There was an effective system to manage infection prevention and control and the service had recently reviewed the infection control policy to ensure it was up to date. The service completed weekly infection control checks to ensure the premises were hygienic and that infection control standards were being adhered to. On the day of inspection, we found the lead GP had recently completed infection control training, however other staff members were not required to complete formal infection control training as part of their mandatory training. Staff explained they were taken through the infection control policy and procedures as part of their induction, and when we spoke to staff they were able to demonstrate a good understanding of infection control issues including hand hygiene, personal protective equipment (PPE) and how to use a spillage kit. Following the inspection, the service provided evidence that staff had completed infection control training.
- We saw evidence of daily and weekly cleaning schedules and there were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. If the service was particularly busy or staff were off sick, then clinical and non-clinical staff from other Samedaydoctor clinics could provide cover.
- There was an effective induction system and training programme for staff tailored to their role. We saw evidence of completed induction and training checklists.

Are services safe?

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention, and we saw evidence the emergency medicines and equipment were checked regularly.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- We saw a poster in the reception area for the medical administrators to refer to, which set out 'red flag' symptoms for when patients should be advised to call 999. The medical administrator told us of an occasion when she had identified that a patient looked particularly unwell in the waiting area and so had immediately asked the GP to attend to the patient.
- All staff had completed up to date basic life support training.
- The service had a patient identification procedure in place which specified what details would be obtained for patients attending the service. Adults attending the service for an appointment are required to input their name, date of birth and contact details, except if attending for a sexual health screening. Parents or guardians bringing children to an appointment are required to show a form of photo identification, and are informed of this when booking online or by telephone; if adults attend a walk-in appointment and do not have any photo identification with them, they are asked to show a bank or credit card to verify their information and requested to send a copy of their photo identification to the service following the appointment.
- We saw evidence of appropriate professional indemnity arrangements in place for clinicians.
- The systems for managing medicines, including vaccines and medical gases and emergency medicines and equipment minimised risks. We saw evidence of the refrigerator temperature being regularly monitored.
- Prescriptions were printed directly from the secure computer system and the service did not hold any blank paper prescriptions.
- The service had prescribing protocols in place which followed national prescribing guidelines, and we saw evidence of good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.
- Arrangements for dispensing medicines at the service, such as travel health medicines, kept patients safe. The service had a list of medicines they hold, and we saw evidence of regular stock and expiry date checks being completed. Medicines, which were kept securely, were pre-labelled by the Pharmacy with the dose and frequency clearly detailed.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Clinical and electrical equipment had been checked to ensure it was working safely.
- The practice 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 had a system to enable learning when things went wrong.

- There was a system in place for reporting and recording significant events. We were told significant events received by the service were discussed by the two GPs and then fed back to all staff across the Samedaydoctor clinics in email bulletins.
- For example, we saw the service had recorded and analysed an incident when human papillomavirus (HPV) testing at the laboratory they use had failed. The service contacted the patient to apologise and arranged an appointment for further swabs to be taken. As a result of this incident, the service amended its process for HPV

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe.
- There was a documented approach to effectively managing test results.
- The service submitted data and notifications to external bodies as required.

Safe and appropriate use of medicines

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

Are services safe?

testing for male patients, so that four swabs are always sent to the laboratory for testing, instead of two, to reduce the risk of the test failing and the need to re-call patients.

- Staff understood their duty to raise concerns and report incidents and near misses.
- We saw serious incidents and complaints policies which demonstrated that, where patients had been impacted, they would receive an explanation and an apology where appropriate. The service was aware of the requirements of the duty of candour and had a duty of candour policy in place, and we saw when unexpected safety incidents occurred patients were given truthful information and an apology.

- There was an effective system for receiving and acting upon safety alerts. The service learned from external safety events as well as patient and medicine safety alerts. For example, we saw evidence the service had acted upon an alert received from NaTHNaC and MHRA (The Medicines and Healthcare products Regulatory Agency) in April 2019 relating to two reports of fatal adverse reactions to the yellow fever vaccine. As a result of receiving this alert, the service reminded clinicians of the particular risks for patients receiving a yellow fever vaccine who may be immunocompromised or aged over 60 years, and completed an audit to check whether this had impacted upon any patients recently seen at the service (no patients were identified as requiring any action).

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good.

Effective needs assessment, care and treatment

The service assessed need and delivered care in line with current evidence based guidance.

- The service 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.
- Updated NICE guidelines were communicated to all staff across the Samedaydoctor clinics via monthly email bulletins and were accessible and updated on the intranet.
- We saw evidence of effective and evidence based prescribing which was in line with national prescribing guidelines.
- For travel health patients, clinicians used NaTHNac (National Travel Health Network and Centre, a service commissioned by Public Health England), to inform their assessments and treatment. One of the GPs told us they had used NaTHNac's health professionals advice line to ask a question about yellow fever vaccines.
- Comprehensive assessments were carried out for travel health patients, which considered medical history and the destination and method of travel.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service routinely reviewed the effectiveness and appropriateness of the care provided.

- The service completed quality improvement activities such as clinical audits and we saw the results and learning from audits were shared with all staff across the Samedaydoctor clinics.
- For example, we saw the third cycle of a yellow fever vaccines audit, which identified that clinicians across all the Samedaydoctor clinics were not consistently documenting the specific areas of travel (as some countries had 'grey areas' identified within them which did not always indicate a yellow fever vaccine was required). As a result of the issues identified, the service

amended the yellow fever vaccine form to include an additional box in which to record the destination including 'grey area' countries. The service plans to re-audit this in a few months' time to see if the changes have resulted in any improvement.

- As part of its yellow fever vaccine licence from NaTHNac, the service was required to complete an annual yellow fever return. This included gathering data about the number of vaccines and booster doses administered, the reasons for giving a booster dose, details of serious adverse events reported, the number of vaccines wasted and the reasons for any wastage.
- The service had also completed the first cycle of an audit regarding the appropriateness of antibiotic prescribing for acute sore throat infections in line with NICE guidance. The results identified that, although the service was recording patients' allergy status and prescribing any antibiotics for an appropriate length, clinicians were not recording the Centor score within patients' notes (the Centor score is a clinical scoring tool which helps identify patients with a sore throat caused by streptococcal bacteria, who are more likely to benefit from antibiotics). The results of the audit were shared with all the Samedaydoctor clinics and clinicians were reminded to adhere to the NICE guidance and ensure Centor scoring is used and recorded in patients' notes. The service plans to re-audit this in 12 months' time to see if the action plan has resulted in any improvement.
- The lead GP at the service reviewed the other GPs consultation notes every week to monitor their record keeping and the treatment provided, and their notes were reviewed by the provider's Chief Executive Officer who was also a GP. Any learning identified or feedback was communicated to the GPs by email.

Effective staffing

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

- Clinicians had sufficient time to carry out their roles effectively.
- We saw up to date records of skills, qualifications and training for staff, and we were told staff were encouraged and given opportunities to develop.
- The GPs completed specific training to carry out the services offered, for example attending yellow fever vaccine updates.

Are services effective?

(for example, treatment is effective)

- The service provided staff with support through an induction and training programme tailored to their role, staff meetings and monthly bulletins, and annual appraisals where performance objectives were identified and any training needs or issues were discussed.
- There were policies in place for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and with other professionals to deliver effective care and treatment.

- The service's patient registration form requested consent to share information with the patient's NHS GP; if consent was provided, the service would provide patients' NHS GPs with a written update or, if urgent, would contact the GP by telephone. The lead GP told us patients would still be treated without information

being shared with their NHS GP if they did not consent to this if it was in the patient's interest to do so, and the GPs would consider these issues based on the specific circumstances.

- GPs would refer patients to other specialists where appropriate and we saw referral letters contained all the required information.

Consent to care and treatment

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

- The GPs understood the requirements of legislation and guidance when considering consent and decision making.
- The GPs supported patients to make decisions about their care and treatment.
- The GPs had completed in-house training on consent and the Mental Capacity Act 2005.
- We saw examples of consent forms for patients to sign which clearly described the risks and possible side effects, for example when receiving yellow fever and BCG vaccines.



Are services caring?

Our findings

We rated caring as Outstanding because:

- Feedback from patients who use the service was consistently positive about the way staff treat people, and patients commented that staff go out of their way to help and provide care.
- Patients were contacted after their appointments by the lead GP to see how they were feeling or if they required any further treatment, and this was appreciated by patients and resulted in effective interventions for patients.
- The service treated its staff with kindness and respect and staff told us about specific occasions when management had supported staff with personal issues.
- Patients were treated with dignity by all those involved in their care, treatment and support.

Kindness, respect and compassion

The service treated patients and staff with kindness, respect and compassion.

- We saw staff understood patients' personal, cultural and social needs.
- All of the 47 patient CQC comment cards we received were very positive about the service experienced. Patients described the service as excellent and friendly, and said they were treated with the highest quality of care. Some patients commented to the effect that the care exceeded their expectations.
- The comment cards were in line with the service's patient survey from March 2019. Out of a total of 29 respondents, 28 patients said they would recommend the service to friends and family, one patient said they would possibly recommend the service, and none of the patients said they would not recommend it. All the feedback comments received as part of the survey were positive.
- After appointments patients are emailed a link to write feedback on the 'Whatclinic' website, and comments on this website are regularly reviewed and responded to by the lead GP. The service has a five out of five-star rating, and staff were described as friendly, courteous and empathetic.
- The lead GP emails patients a few days after their appointment to see if they are feeling better or require any further assistance. We saw evidence of this in

patient feedback on the 'Whatclinic' website and patients had responded to emails from the lead GP thanking her for following up and stating they really appreciated it. The lead GP explained that, not only does this reassure patients and make them feel well cared for, but it is also effective at flagging any issues which might require further treatment or clinical intervention. For example, we saw evidence where follow-up emails with a patient prompted the GP to ask them to return for further tests, which resulted in the service diagnosing a bacterial infection that had been missed by secondary care and giving appropriate treatment.

- The service treated patients' emotional needs as well as their physical needs, and we were told about occasions when the GPs had contacted distressed patients outside of normal working hours to provide support or arrange referrals.
- All the staff members we spoke to described the service as supportive, and we heard specific examples where management had been flexible and supported staff when they had personal issues.
- The service had arranged for staff to have access to a psychiatrist to discuss any mental health or wellbeing issues.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- The service offered interpretation services by using multilingual staff from across the Samedaydoctor clinics. The lead GP explained that staff could translate via speakerphone and the languages spoken by staff across the clinics included French, Spanish, German, Italian, Welsh, Polish, Hindi, Punjabi, Farsi, and Yoruba.
- Information leaflets were available to patients providing travel health advice and detailing risks and side effects of various vaccines.
- Patients in the CQC comment cards stated the GPs listen to them, provide clear explanations and took time to answer any questions thoroughly.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.



Are services caring?

- The service complied with the General Data Protection Regulation (GDPR) and was registered with the Information Commissioner's Office (ICO).
- Patient information was held securely and was not visible to other patients in the reception area.
- The computer system was secure and backed up hourly onto a local storage system in an encrypted format and also backed up every night onto the cloud. The system could be accessed by staff from home or elsewhere using an encryption key.
- We saw that the door was closed during appointments and that conversations taking place in the consultation room could not be overheard.
- Staff told us if patients wanted to discuss sensitive issues or appeared distressed they would take them to a private room away from other patients to discuss their needs.
- We saw a privacy screen was provided in the consultation room for patients if needed to maintain dignity.
- The service had a dignity, respect and confidentiality policy in place which detailed how patients should be treated by the service.
- In the CQC comment cards patients described staff as professional and said they were treated with respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. For example, if a patient could not use the stairs leading down to the basement where the service is located, there was a lift available through an alternative entrance. The service also had access to a consultation room on the ground floor as part of the lease agreement for the building and could arrange to use this space if needed. The service had a hearing loop for patients with a hearing impairment.
- The service had leaflets available for patients which gave travel health advice and provided information about the risks and side effects of vaccines.
- The lead GP told us they deal with any emails that come in to the service after hours, on Sundays or on bank holidays. When the service is closed the telephones are diverted to an answering service organisation; this organisation will take the patient's details and advise that a medical administrator will contact them during opening hours or, if the matter is urgent, they will contact the lead GP.

Timely access to the service

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

- The service is open from Monday to Friday from 8am to 7pm and Saturday from 10am to 2pm.

- The appointment system was easy to use; patients could book online or by telephone and were able to ask to see a named GP.
- In the CQC comment cards patients said the service was quick and efficient.
- Patient reviews on the 'Whatclinic' website describe the service as quick and efficient, state they were able to get an appointment easily, and some patients commented that staff were flexible and able to see them outside of normal opening hours.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- There was a patient complaint information sheet which detailed how patients could make a complaint and what they should expect from the service.
- Complaints were reviewed and dealt with by the lead GP, discussed between the two GPs and then fed back to staff by email or through face to face discussions.
- Five complaints had been received in the last year. We reviewed two and found they were handled appropriately and in a timely way. The patients had been contacted to acknowledge the complaints on the same day they had raised them, and they had been resolved within a few days.
- The service acted upon complaints to improve the quality of care. For example, as a result of a patient complaint about a report from a radiologist not being clear, the service spoke to the imaging centre and explained the need for reports to be clearer and easier for patients to understand, and also reminded its own clinicians to also explain the reports in lay terms. The service had also received a complaint about not obtaining a same-day referral to a specialist, and consequently had changed the process so that clinicians would complete referrals to specialists, rather than the medical administrators, and had also sent an email to all staff reminding them of the process to obtain a same-day specialist referral.

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.

Leadership capacity and capability

There was a clear leadership structure in place.

- The lead GP was responsible for the organisational direction and development of the service and the day to day running of it.
- The lead GP was visible and approachable, and worked closely with all staff.
- Leaders were knowledgeable about issues, challenges and priorities relating to the quality and future of services offered.
- We saw staff meetings took place on a regular basis and included discussion of significant events, complaints and the operational running of the service. The medical administrators and GPs completed separate feedback forms every day which were then used to handover to other non-clinical and clinical staff and relay any important information or anything which required follow-up actions.
- The lead GP told us that, as the provider had several Samedaydoctor clinics across London and the UK, and due to staff working patterns, it was easier to communicate important messages to all staff via email.

Vision and strategy

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

- The service sought to offer a good patient care and a service where patients feel looked after, with short waiting times and a quick turnaround of test results.
- The service had a realistic strategy and business plan to achieve its priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

Staff stated they felt respected, supported and valued.

- Staff told us they felt able to raise concerns and were confident that these would be addressed. Staff described the service as open and supportive.
- Leaders had a shared purpose and strove to deliver and motivate staff to succeed.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they needed; this included annual appraisals and regular meetings. Clinicians were supported to meet the requirements of professional revalidation where necessary.
- Management had arranged for external speakers to attend the service, for example speakers discussing nutrition or depression, which contributed towards clinicians' continuing professional development (CPD).
- The service had a whistleblowing policy, an equality and diversity policy, a harassment policy and an anti-bullying policy.
- The service had arranged for staff to have access to a psychiatrist to discuss any mental health or wellbeing issues.

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care.

- There was a clear staffing structure in place. Staff understood their roles and responsibilities, including in respect of safeguarding, medicines and infection control.
- Service specific policies and processes had been developed and implemented and were accessible to staff on the intranet. These included policies in relation to safeguarding, serious incidents, complaints, chaperones, whistleblowing, patient identification, infection control, and needle stick injuries.
- Staff had access to an Employee Handbook which contained information about leave and sickness, and the service's grievance, disciplinary and capability procedures.

Managing risks, issues and performance

The service had established processes for managing risks, issues and performance.

- The service had processes to manage current and future performance. Performance of clinical staff could be assured through regular reviews of the GPs consultation notes, and through clinical audits which involved reviewing prescribing and record keeping.

Are services well-led?

Good 

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

- The two GPs received and reviewed medicines safety alerts, which were also included in the email bulletins, and the lead GP had oversight of serious incidents and complaints.
- We saw evidence that staff completed various daily and weekly checks to monitor the safe and effective running of the service.
- Any issues at the service were identified and addressed promptly and openly.
- The service had a business continuity plan, which included contact details for senior staff members and key suppliers, and had advised staff of the processes in the event of any major incidents. The plan could be accessed on the service's intranet and there was also a hard copy held by the lead GP.
- Appropriate risk assessments and checks had been carried out to ensure the premises and equipment were safe.
- The service emailed patients after their appointment with a link to the 'Whatclinic' website and asked patients to review their experience. We saw the lead GP reviewed the feedback left on the website and responded to comments made by patients.
- The service provided patients with comment cards which they could complete after their appointment and carried out annual surveys asking patients whether they would recommend the service and inviting comments on their experience.
- Clinicians across all the Samedaydoctor clinics were encouraged to contribute to the monthly email bulletin; for example, clinicians from the different clinics discussed interesting clinical cases, provided information about updated NICE guidance, and shared learning from completed clinical audits.
- Staff told us they felt able to raise concerns and provide feedback to management about the service.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service submitted data and notifications to external bodies as required. For example, the service completed an annual yellow fever audit as part of their Yellow Fever vaccine licence from NaTHNaC.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support the service they offered.

Continuous improvement and innovation

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

- We saw evidence the service made changes and improvements to services as a result of significant events, complaints and patient feedback. For example, because of an accident at the premises involving a child, the service recorded this in the accident book and put in place safeguards to prevent this from happening again. Following an incident where results could not be sent to a patient immediately as some of their contact details had been entered incorrectly on to the system by a medical administrator, the service reminded all staff to ask patients to input their own details using the service's tablet device to avoid any errors.
- There was a focus on continuous learning and improvement within the service. Learning was shared with staff across the Samedaydoctor clinics via email bulletins.
- Management had arranged for external speakers to attend the service which contributed towards clinicians' continuing professional development (CPD).