

# Orchard Clinic

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

**This service is rated as Good overall.** (This service has not been inspected previously).

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 inspection at Orchard Clinic as part of our inspection programme.

This service provides outpatient mental health assessment and treatment for adults and children.

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

## Our key findings were:

- The service provided safe care. Clinical premises where patients were seen were safe and clean. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff completed a comprehensive mental health assessment of each patient. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Staff worked well together as a team and with relevant services outside the organisation.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. The service actively involved patients in care decisions.
- All patients that we spoke to were extremely positive about the service. Patients described staff as professional and knowledgeable and that they always felt listened to.
- The service was easy to access. The criteria for referral to the service did not exclude patients who would have benefitted from care.

However:

# Overall summary

- The registered manager did not have sufficient oversight of clinicians' compliance with the requirements to grant practising privileges.
- The registered manager had limited oversight of the care and treatment provided by clinicians with practising privileges that did not share patients.

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

- The provider should ensure that systems are embedded to provide assurance that clinicians are compliant with the requirements to grant practising privileges.
- The provider should improve systems for oversight of the performance of clinicians in the service.

## Our inspection team

The inspection was led by a CQC inspector with another inspector and inspection manager supporting.

The lead inspector had access to advice from a specialist advisor.

## Background to Orchard Clinic

The Orchard Clinic provides private healthcare with an emphasis on addressing mental health. The team includes psychiatrists, psychologists, psychotherapists, nutritionists and specialist consultants.

The clinic sees people of all ages. Patients may be referred via their GP or consultant or they may self-refer.

At the time of the inspection Orchard Clinic employed three full time staff members. The majority of staff that worked at Orchard Clinic were sessional staff, who practised under practising privileges. Practising privileges is a process within independent healthcare where a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice.

The service also provided phlebotomy services to patients. Covid-19 travel testing was also provided by the service however this service was registered with UKAS and is not within CQC scope of regulation.

Since the COVID-19 pandemic, this service has been delivering appointments via video conferencing platforms. Patients are also seen face to face at the Orchard Clinic.

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

- Treatment of Disease, Disorder or Injury
- Diagnostic and screening procedures

### How we inspected this service

During the inspection visit to the service, the inspection team:

- checked the safety, maintenance and cleanliness of the premises
- spoke with six members of staff
- reviewed eight patient care and treatment records
- spoke to four service users
- reviewed seven staff records
- reviewed information and documents relating to the operation and management 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?

**We rated safe as Good because:**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments of the environment. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction.
- Equipment was maintained safely. Electrical appliances and sockets underwent portable appliance testing annually and were labelled accordingly. Medical devices were serviced and calibrated in line with the manufacturers' guidance. Fire alarms for the building were tested regularly.
- The service used external cleaners to clean the service three times a week. In response to the pandemic the number of cleaning sessions per week had increased. Staff cleaned consultation rooms after each consultation. Alcohol wipes were available in each clinic room. Staff recorded regular checks on the cleanliness of the consultation rooms. The premises were visibly clean and well maintained.
- The service had systems to safeguard children and vulnerable adults from abuse. We reviewed three safeguarding records as part of the inspection. All cases had been appropriately referred to the local authority, for example when concerns were raised about children at risk of abuse.
- The provider carried out checks on staff before they were given a consultancy agreement, to ensure they were suitable for the role. These included checks with the disclosure and barring service (DBS). 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. All staff with practising privileges signed a contract. The contract stated that the clinician must comply with several expectations. For example, the clinicians must comply with CQC regulations, report accidents and incidents and keep confidential and secure records.
- There was an effective system to manage infection prevention and control. A perspex screen had been introduced in the reception area to protect staff and patients. The service provided hand sanitising gel at the entrance to the building and the entrance to the consulting rooms. Personal protective equipment (PPE) was readily available for all staff and patients. Due to the Covid-19 pandemic, consultations took place in person and remotely.

## **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. For example, the service had recently recruited a consultant paediatrician due to an increase in referrals of children and young people.
- The service did not use agency staff. All new staff had access to an induction checklist, which included orientation to the building, health and safety, key policies and introductions to other staff. A clinicians' handbook was found in all of the consultation rooms. The clinicians' handbook contained information about how to handle a complaint, how to report a serious incident and how to safeguard patients.

# Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. An automated external defibrillator was present on site which was routinely serviced. An automated external defibrillator is a portable electronic device that automatically diagnoses life-threatening cardiac issues and can treat them through defibrillation. The clinic held an in-house first aid and resuscitation course annually which was open to all staff. Most of the clinicians received training from the other organisations they worked for. Clinicians were required to provide evidence of resuscitation training before practising privileges were granted.
- When there were changes to services or staff the service assessed and monitored the impact on safety. For example, the change to remote working during the pandemic. If staff were concerned about a patient's mental or physical health they would try and organise a face to face assessment.
- Clinicians assessed each patient's risk at the initial assessment and continued to monitor risks at further consultations. Different clinicians treated patients with different presentations and would only accept patients they felt they could safely treat. For example, one clinician told us that they would not treat people with a primary diagnosis of personality disorder. Staff also provided examples where they had referred patients to other professionals if they felt unable to manage patients safely. For example, a clinician had referred a patient for a short inpatient stay at a nearby independent hospital. We reviewed nine patient care and treatment records as part of the inspection. Eight of nine records were those of the registered manager as we were unable to assess the sessional clinicians' records. The records we reviewed clearly showed that patient risk was routinely reviewed and assessed. Staff provided patients with contact details for the local crisis line if their risk was escalating.
- Staff told us that they would often speak to other clinicians to discuss complex cases. The team at the service were from a range of clinical backgrounds. Staff felt that it was helpful to get advice and support from other clinicians with different experiences and skills.
- At the time of the inspection, all clinicians had indemnity arrangements in place, but the registered manager did not have a robust system in place to identify if this lapsed. The registered manager checked staff had appropriate indemnity assurance before a new lease was signed by the clinician. At the time of the inspection, the date the insurance expired and lease expired did not always align. It was possible that the clinician's indemnity insurance would expire before their lease was renewed. Following the inspection, the registered manager told us that documents relating to practising privileges would be audited monthly to check that all clinicians had in-date indemnity insurance.

## 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. All patient care and treatment records were stored electronically. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The registered manager did not have oversight of the other clinicians' care and treatment records when patients were not shared. The registered manager relied on clinicians annual appraisals for assurance about the quality of their care and treatment records. As part of clinicians' annual appraisals, patient care and treatment records would be reviewed by the appraiser.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The service had good links to local GPs and would routinely update GPs via telephone or by sending letters.

# Are services safe?

Clinicians would always try and gain consent from patients to share information with the GPs and would explain the risks of not sharing information to patients who were reluctant to do so. Some patients would also be under the treatment of multiple clinicians at the Orchard Clinic. Letters would be sent between clinicians to ensure that all information was shared.

## Safe and appropriate use of medicines

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

- Medicines were not held onsite, blank prescription scripts were also not held on site and would be managed by each prescriber.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Staff told us that they would only prescribe medicines when it was safe to do so. For example, one clinician told us that they only prescribed medicines to a young person following an electro-cardiogram (ECG) due to a family history of congenital heart disease. Clinicians also told us that it was their preference for GPs to prescribe medicines for patients.
- Private prescriptions could be collected at the clinic reception upon request, these prescriptions were stored in a locked drawer. Staff told us that patients must identify themselves with a photo ID when collecting these prescriptions.
- At the time of the inspection the registered manager was considering providing pabrinex injections to patients. Pabrinex injections contain water-soluble vitamins. There was a medical fridge present in the clinic room in preparation for this. The temperatures of the fridge were recorded daily.

## Track record on safety and incidents

### The service had a good safety record. There had been no serious incidents reported.

- There were comprehensive risk assessments in relation to safety issues. Environmental risk assessments and Covid-19 risk assessments were reviewed as part of the inspection.
- The registered manager monitored and reviewed activity. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Appropriate policies were in place that described the procedures staff should follow if there was a serious incident. Information on how to report incidents was found in the clinicians' handbook.
- There were appropriate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. Incidents and risk management was a standing agenda item for the quarterly clinical governance meeting. Staff were reminded during the clinical governance meetings to stay up to date with the policies and serious incident training.

## Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff. Information would be shared during the quarterly clinical governance meeting or via email if urgent.



# Are services effective?

**We rated effective as Good because:**

## **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.**

- Staff completed a comprehensive mental health assessment of each patient. Where appropriate, this included their clinical needs and their mental and physical wellbeing.
- The provider 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. For example, the registered manager, a clinical psychologist, would provide eye movement desensitisation and reprocessing (EMDR) to patients with psychological trauma. EMDR is recognised by NICE as a treatment for post-traumatic stress disorder.
- Staff used recognised rating scales to assess and record the severity of patient conditions and care and treatment outcomes. For example, the Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI) were used to assess the severity of patient anxiety and depression.
- 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. For example, the registered manager had their own peer group and was required to do 80 hours of continuing professional development to renew their membership with the British Psychological Society.
- Staff made sure patients had support for their physical health needs, either from their GP or community services. The service sent letters to GPs requesting full physical health checks when appropriate. The service also provided phlebotomy services to patients.
- Staff used technology to support patients. At the time of the inspection the service was offering a remote/virtual service. Patients could access their appointments via video link. The service had recently begun offering a genome sequencing service for patients. The sequencing allowed clinicians to predict how a patient's genes would effect a patient's response to medications. Clinicians told us that once a patient's genome had been sequenced it allowed them to provide more effective individualised care.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service was in the process of gathering data about how patients access the website. The registered manager told us this would allow them to update and change their website to better meet their patients' needs.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. Clinicians received regular appraisals where patient cases were reviewed.

## **Effective staffing**

# Are services effective?

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This included time to review the procedures and policies for the provider and a tour of the service.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. The staff employed by the service had up to date records of skills, qualifications and training. Staff were encouraged and given opportunities to develop. For example, a member of staff had recently begun training in injections and phlebotomy.

## **Coordinating patient care and information sharing**

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

- Patients received co-ordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The clinicians would liaise with the local community mental health teams as appropriate. For example, for one patient an agreement had been made for the clinical psychologist to continue to see a patient while they were under the care and treatment of the community mental health team. Before the Covid-19 pandemic clinicians from the service presented at local GP practices about a range of mental health topics.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients' records included details of the patient's medical history along with results of blood tests and ECGs.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. When patients had reservations about sharing information with the GP, clinicians explained the importance of information sharing and agreed the text of the GP letter with the patient.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff told us that safeguarding referrals to the local authority were uncommon. Staff provided examples of when the local authority had been contacted. Previously, the local authority were contacted due to concerns about a young person's father.
- Patient information was shared appropriately, including when patients moved to other professional services. The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services. For example, some consultants also had practicing privileges at local independent hospitals. They told us they would be in contact with their patients while they were being treated as an inpatient.

## **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 effective?

- Where appropriate, staff gave people advice so they could self-care. Staff would offer advice to patients during consultations. For example, self soothing techniques. The service was in the process of adding 12 short essays to the website. These essays covered relevant topics such as managing insomnia and anxiety. Staff had recently been asked about what other topics would be useful.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, the service manager had recently signposted a patient to a substance misuse support group.
- Where patients needs could not be met by the service, staff redirected them to an appropriate service for their needs. For example, clinicians would send referrals to local independent hospitals when more enhanced care was required.

## Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. All patients signed a consent to treatment declaration that formed part of the new patient registration form.
- Staff supported young people to make decisions on their care for themselves. They understood the principles of Gillick competence as they applied to people under 16.
- Staff ensured that they obtained the consent of patients for the consultation and when initiating any treatment. Patient care records showed that clinicians explained test results, treatments and treatment recommendations to patients or their representative/parent so that they could give their informed consent.

# Are services caring?

## **We rated caring as Good because:**

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Reminders were sent out to patients following appointments requesting online feedback. The registered manager was keen to improve the level of feedback received and was in the process of adding a link for feedback on the website for the service. Weblinks to a review website had recently been added to all emails to try and increase the level of feedback. The service was also considering using QR codes located around the building to allow patients to access online feedback forms easily.
- We spoke to four patients as part of our inspection. Feedback from patients was positive about the way staff treated people. Patients were extremely complimentary about their experience at Orchard Clinic. Patients felt welcomed by the reception staff and well supported by all the clinicians.
- Staff understood patients' personal, cultural, social and religious needs. Leaflets with information about local support groups had been removed from the reception due to infection control requirements. The service manager had recently started to use a television located in the waiting room to display information about local charities and community schemes.
- The service gave patients timely support and information. Patients told us that they would often receive responses from clinicians on the day of a request for information. Patients told us that they were aware the service was not a 24-hour service.
- Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients and staff.

### **Involvement in decisions about care and treatment**

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Patients told us that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them. Patients told us that clinicians would never push them into a decision and would allow them time to consider all the options. For example, one patient told us that they were given time to consider restarting their medication and that the consultant made them feel empowered to make that decision.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of respecting people's dignity and privacy.

## Are services caring?

- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. Sound proofing insulation was present in clinic rooms. When patients were being seen virtually, the clinician undertaking the appointment would check that no one other than the patient was in the room. Where children were being seen they were accompanied by their parent/carer.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **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.**

- In response to the Covid-19 pandemic the service had introduced online consultations. This helped patients access sessions who were unable to attend sessions in person. At the time of inspection, the service was seeing patients both face to face and remotely. Patients told us that the change from face to face to remote consultations was seamless.
- Staff offered free seminars to the local community. For example, talks had been provided at local schools before the covid-19 pandemic to offer advice on parenting skills.
- The provider understood the needs of their patients and improved services in response to those needs. Translation services were available as and when required. Family members would also be used to support with translation and interpretation where appropriate. Patients were also told about multi-lingual staff who might be able to support them.
- The facilities and premises were appropriate for the services delivered, although consultation rooms were not fitted with alarms. Staff told us that they would risk assess patients before attending on site. Reception staff told us that they had never experienced any violence or aggression from patients.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service was on the ground floor and was able to easily accommodate a person using a wheelchair. A hearing loop system was also present in the reception to support patients who were using hearing aids.

## **Timely access to the service**

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

- The service was easy to access. The service offered pre-booked appointments at a range of different times to meet the needs of patients. The service did not offer walk in appointments and did not operate on a 24-hour basis. Staff worked as a team to ensure a quick response to any requests for appointments. However, patients were aware the service did not offer emergency or crisis support and were provided with information of which services to access for immediate support if needed.
- The service received referrals from local GPs and the patients themselves. There was a small waiting list for some clinicians at the service. Staff told us that the longest a patient would wait for an initial assessment would be up to two weeks. Administration staff booked the assessments following the referrals. Administration staff told us they would escalate concerns to the registered manager if they were concerned about a patient, staff told us that this was very rare, as the service only accepted low risk patients.
- Staff worked hard to avoid cancelling appointments and when they had to they gave patients clear explanations and offered new appointments as soon as possible.

# Are services responsive to people's needs?

- Appointments ran on time and staff informed patients when they did not. All patients we spoke to said there were no issues with sessions running on time.

## 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 to patients. Staff treated patients who made complaints compassionately. Information on how to make a complaint about the service was on display in the patient waiting area. Staff told us that complaints were rare in the service.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service had received one complaint in the previous 12 months. Following this complaint clinicians were reminded to review their terms and conditions and to update the service website to ensure it was accurate.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability**

**Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the provider had adapted its practice during the Covid-19 pandemic and had made alterations to the premises.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. All staff that we spoke to felt that the registered manager was approachable and personable.

## **Vision and strategy**

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The registered manager wanted to improve the physical health offer for patients, for example by introducing pabrinex and vitamin D supplements.
- The service developed its vision, values and strategy jointly with staff. All staff we spoke to demonstrated enthusiasm to improve the service and to provide the best service possible.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients. For example, the service was looking at introducing a paediatric phlebotomy service as the number of young people being seen in the clinic had increased.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff felt able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.



# Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff employed by the service received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

## Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance. However, effective processes were not in place to provide the registered manager oversight of clinicians who had practising privileges.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The service did not have a robust system in place for the ongoing review of practising privileges for sessional staff. Paperwork for the staff that had recently joined the service was present and up to date, but there was not an effective ongoing review once staff had been granted practising privileges. The registered manager did not have sufficient oversight of clinicians' compliance with the requirements to maintain practising privileges. We reviewed the HR files of seven staff members who were granted practising privileges at the service. Five records we reviewed contained out of date information. For example, one clinician's file contained out of date information for appraisals, indemnity insurance, GMC registration documentation and a DBS. Without this evidence there was a risk that clinicians were not maintaining the requirements of their practising privileges, thereby putting patients at risk. The registered manager told us that documents in relation to practicing privileges were also reviewed before the lease was signed by the clinician. Following the inspection, we were assured that all the required documentation for clinicians had now been seen by the registered manager. The registered manager also told us that the physical folders had not been in use during the Covid-19 pandemic. The service also informed us that a new audit process had been introduced to provide assurance that appropriate measures were in place and documentation related to the ongoing granting of practising privileges was kept up to date.
- The registered manager had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Staff would sign these policies to confirm they had read them. New and updated policies were brought to the clinical governance meetings so that they could be reviewed by all staff. At the time of inspection several policies were overdue a review. However, the registered manager explained that these had been delayed due to the Covid-19 pandemic.

## Managing risks, issues and performance

**There were clear and effective processes for managing risks and issues, although the registered manager had limited oversight of sessional staff performance.**

# Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- At the time of inspection, the registered manager had limited processes in place for reviewing the care and treatment provided by the clinicians with practising privileges. The registered manager did not have access to other clinicians' care and treatment records. The registered manager used the regular appraisal and revalidation as assurance that the consultants were performing well. There was a risk that the registered manager may not be able to identify issues or concerns with a clinician's practice.
- Leaders had oversight of safety alerts, incidents, and complaints. Safety alerts, incidents, and complaints would be discussed in the quarterly clinical governance meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, changes made following the Covid-19 audit.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. The service manager told us that they were trying to improve the level of feedback received.
- The service submitted data or notifications to external organisations as required. At the time of inspection there had been no notifiable incidents.
- 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 involved patients and staff to support high-quality sustainable services.

- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. Quarterly clinical governance meetings took place that were well attended. These meetings were minuted so that staff who were unable to attend could see what was discussed. Staff had recently been asked about what topics should be displayed on the service website. All staff that we spoke to told us that they felt able to give feedback and felt listened to.
- The service actively encouraged feedback from patients and was working to increase the level of feedback received.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

# Are services well-led?

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. The service had very few complaints and had no serious incidents at the time of inspection. Clinicians had recently updated their terms and conditions on the website following a complaint from a patient.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. Staff employed by the provider told us that they were always supported to learn and develop by the service manager. The service manager told us that they wanted staff to learn and develop and that they actively encouraged staff to attend courses such as phlebotomy.
- There were systems to support improvement and innovation work. The clinical governance meeting followed a set agenda. As part of this agenda service development was routinely discussed. The introduction of paediatric phlebotomy and vitamin clinics had recently been discussed.