

# The Broadgate Spine And Joint Clinic Limited

# Broadgate Spine & Joint Clinic Limited

## Inspection report

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## Overall summary

We carried out an announced comprehensive follow-up inspection on 17 January 2019 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

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

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

CQC inspected the service on 18 October 2018 and as a result asked the provider to make improvements regarding the following issues: there were no policies for safeguarding of vulnerable children and adults, or infection prevention and control; not all staff had received up to date safeguarding training and no guidance or training had been given to identify the signs of sepsis and to inform staff of appropriate action to take in cases where sepsis was suspected; There were no risk assessments in respect of general health and safety at the premises, staff workstations and emergency medicines; no adequate infection prevention and control protocols and no adequate infection prevention and control audit had been undertaken within the last 12 months; there was no written guidance on sharps injuries; patients were

# Summary of findings

not informed of the availability of chaperones; there was no locum handbook, to provide locums with information about the service and its policies and procedures; there was limited evidence of quality improvement activities within the last 12 months, such as clinical audits; there was a lack of systems in place to monitor and improve the quality and safety of the services or to identify and mitigate risks to people's health safety and welfare; administrative staff had not received appraisals for several years; the provider had not established a full range of written governance policies or consistently reviewed and updated its existing policies; there was no business continuity plan in place.

We issued requirement notices for breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked these areas as part of this comprehensive inspection and found the service had resolved most issues and was working on those remaining.

Broadgate Spine & Joint Clinic Limited provides private general practice appointments, including blood tests; dietary advice; psychiatric support; flu vaccinations; travel clinic, providing travel vaccinations; sexual health, such as pregnancy and sexually transmitted disease testing; and health screening including cervical and breast cancer screening. Services are provided only to adults, aged over 18 years.

We received feedback from 42 patients using the service. Patients were consistently positive about the service they received, telling us that: they found it easy to access care, all staff treated them with dignity and respect and they felt involved in all decisions about their care.

## Our key findings were:

- The service had implemented appropriate policies for safeguarding of vulnerable adults and children, and all staff had received up-to-date safeguarding training appropriate to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate, for example when referring patients to specialist services.
- The service had a hearing loop in the reception area to assist patients with a hearing impairment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- We saw no evidence of discrimination when making care and treatment decisions.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

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

- Revise the practice business continuity plan to ensure it includes all relevant contact details.
- Display sharps injury guidance in the clinical rooms for the benefit of any staff who may suffer such an injury.
- Ensure all staff are supported by a programme of regular appraisals.
- Introduce regular staff meetings and record meetings for the benefit of learning and sharing of decisions and information to all staff.
- Carry out a suitable premises health and safety risk assessment detailing any issues and rectification needed with review and completion dates.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Broadgate Spine & Joint Clinic Limited

## Detailed findings

### Background to this inspection

Broadgate Spine & Joint Clinic Limited (the Provider) is located at 65 London Wall, London, EC2M 5TU, and is registered with the Care Quality Commission to provide the regulated activities of: diagnostic and screening procedures; and treatment of disease, disorder; and injury.

It is open Mondays to Thursdays between 8.00am – 6.00pm and Fridays between 8.30 am – 5.30pm.

The service is provided to adults over the age of 18 and provides private GP appointments including: blood tests; dietary advice; psychiatric support; flu vaccinations; travel clinic, providing travel vaccinations; sexual health, such as pregnancy and sexually transmitted disease testing; and health screening including cervical and breast cancer screening.

We carried out an announced comprehensive inspection at Broadgate Spine & Joint Clinic Limited on 17 January 2019. The inspection was led by a CQC inspector, who was accompanied by a GP specialist adviser and a practice nurse specialist adviser.

Before visiting, we reviewed a range of information we hold about the service. The provider's lead GP, practice manager and non-clinical staff were present on the day of our visit.

During our inspection we:

- Spoke to the lead GP
- Spoke with the practice manager.
- Spoke with non-clinical staff at the location.
- Looked at information staff used to deliver 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

During the previous inspection in October 2018 we found the service was not providing safe care in accordance with the relevant regulations, including: there were no policies for safeguarding of vulnerable children and adults, or infection prevention and control; not all staff had received up to date safeguarding training and no guidance or training had been given to identify the signs of sepsis and to inform them of appropriate action to take in cases where sepsis was suspected; There were no risk assessments in respect of general health and safety at the premises, staff workstations and emergency medicines; no adequate infection prevention and control protocols and no adequate infection prevention and control audit had been undertaken within the last 12 months; there was no written guidance on sharps injuries; patients were not informed of the availability of chaperones; there was no locum pack, to provide locums with information about the service and its policies and procedures. At this inspection we found that the service had rectified most issues and was in the process of resolving those that remained outstanding.

### Safety systems and processes

During the previous inspection in October 2018 we found that the service had failed to ensure that: there were policies for safeguarding of vulnerable children and adults and infection prevention and control; not all staff had received up to date safeguarding training; the availability of chaperones was not advertised to patients, and only one member of staff had received training for the role of chaperone; there was no infection prevention and control policy; and the infection prevention and control review carried out shortly before the inspection was not sufficiently detailed and did not identify all issues, for example, there was a carpet in one of the consultation rooms that was not listed for deep cleaning in the cleaning schedule; there was no record of regular cleaning of medical use equipment including the ear irrigator and spirometer, and there was no sharps injury policy and no guidance was available in clinical rooms. At this inspection we found that the provider had taken action to rectify most issues:

- All but one of the non-clinical staff had received training to enable them to act as chaperones, and all staff acting as chaperones had received a DBS check. We saw that a notice had been put in the reception area advising

patients of the availability of chaperones, however the notice was not placed where patients were likely to see it, and nor were there any similar notices in the clinical rooms. During the inspection the service agreed to relocate the sign in reception to a more prominent position and placed a suitable sign in the clinical room.

- A sharps injury protocol was introduced in November 2018, however, there was no guidance for the appropriate procedure following a sharps injury, such as a needle stick injury, on display in the clinical rooms.
- The service had implemented appropriate policies for safeguarding of vulnerable adults and children, and we saw evidence that all staff had received up to date safeguarding training.
- The provider had implemented an infection prevention and control policy. It had undertaken an infection prevention and control audit on 19 November 2018. The provider had taken action to rectify any issues it had identified. For example, a carpet in a clinical room had been deep cleaned. We saw evidence that further cleaning had been scheduled at intervals.
- We saw evidence the provider had introduced cleaning schedules for medical use equipment. In addition, on inspection equipment was visibly clean, including the ear irrigator and spirometer.
- The service worked with other agencies 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.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There was an effective system to manage infection prevention and control. We saw evidence of regular legionella risk assessments being undertaken by the building management. In addition, the service was undertaking regular water temperature and sample testing for the presence of legionella. (Legionella is a term for a bacterium which can contaminate water systems in buildings).

# Are services safe?

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## Risks to patients

During the previous inspection in October 2018 we found the service had failed to ensure that: staff had been provided with training to enable them to recognise and appropriately deal with patients presenting with sepsis (blood poisoning or septicaemia), nor was there guidance available to staff for this purpose; the service did not keep a supply of all medicines that we would expect such a service to have available for use in a medical emergency, nor had it undertaken a risk assessment to determine what emergency medicines it should stock; although locum doctors were seldom employed there was no locum handbook which locums could refer to for guidance; and there was no business continuity plan in place. At this inspection we found that the provider had rectified most issues:

- The service had prepared a business continuity plan, however it did not contain emergency contact details for suppliers and staff.
- Following the last inspection, the service had obtained stocks of a range of medicines we would expect such a service to hold for use in a medical emergency. However, it did not hold a supply of midazolam or rectal diazepam, a medicine for use in the event of a patient suffering an epileptic fit. During the inspection the provider advised that it would obtain a supply of rectal diazepam to hold as part of its stock of emergency medicines. Following the inspection, the provider sent us evidence that it had placed an order for the medicine. It subsequently provided us with evidence of its delivery.
- All non-clinical staff had received training to enable them to recognise and appropriately deal with patients presenting with sepsis. In addition, there was guidance in the reception area to assist staff in identifying the symptoms.
- Although the provider was not currently employing any locum doctors it had put together a locum handbook that any subsequently employed locum doctors could refer to for guidance.
- There were arrangements for planning and monitoring the number and mix of staff needed. The service only

permitted one member of the administration team to be on holiday at a time. During busy periods and when staff were absent due to ill-health administrative staff worked additional hours to provide cover.

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities we saw that the GP, psychiatrist and pain specialist each held professional indemnity cover.

## 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. 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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

## Track record on safety

During the previous inspection in October 2018 we found the service had failed to undertake: a general health and safety risk assessment relating to the premises and staff work stations. At this inspection we found that most issues had been rectified by the provider:

- We saw evidence of health and safety risk assessment having been carried out on 7 December 2018, with no

# Are services safe?

issues identified as requiring rectification. However, it was in a diagrammatic form and did not include space to record written details of any issues found, or for dates for review and rectification that may be needed.

- The service had risk assessed the premises on 16 January 2019, no issues requiring rectification had been identified. It had also undertaken a risk assessment of staff workstations. The issues identified related to a need for staff training to enable them to correctly set up and adjust equipment. For example, one member of staff reported that they were not sitting at an appropriate screen height when operating their computer. All necessary training and adjustments had been actioned by the provider. The provider had carried out a range of risk assessments.
- The service monitored and activity reviewed risks. 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 made improvements when things went wrong.

- Following an incident when a locum GP had failed to make notes of a patient consultation, the service was in the process of changing its patient records management system. The new system, that was due to be implemented within the next four weeks, ensured more detailed records would be kept of all patient interactions.
- 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.

- There were adequate 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. There had been one significant event recorded which had been reviewed internally and was in the process of being reviewed outside of the service. The service had made changes to its systems to prevent a recurrence of such an event, including: it was implementing a new patient records and prescribing management system, it had changed its significant events policy to ensure more information was captured for each event and all staff had received further training to be able to recognise and deal with vulnerable adults.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- It kept written records of verbal interactions as well as written correspondence.
- 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 and agency staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

During the previous inspection in October 2018 we found the service was not providing effective care in accordance with the relevant regulations: there was limited evidence of quality improvement activities within the last 12 months, such as clinical audits.

### 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.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Clinicians could access details of previous patient consultations and previous prescriptions provided to patients.
- Staff assessed and managed patients' pain where appropriate.
- At the time of our inspection the practice was in the process of changing its patient's records management system. The new system offered greater control over all patient related activities including controls to ensure that full records were kept of patient interactions and all prescribing decisions.

### Monitoring care and treatment

During the previous inspection in October 2018 we found that the service was carrying out limited quality improvement activities, and that there had been no clinical audits undertaken. At this inspection we found that the service had undertaken a range of quality improvement activities, for example:

- At this inspection we were provided with evidence of audit activity, including: the service had run a peer reviewed medical notes audit of patients with a particular form of lower back pain. During the first cycle, in 2017, 10 patient's notes were independently reviewed

and the treatment given was found in all cases to be in line with latest evidence. The service re-ran the audit in 2018 to ensure that it continued to provide that patient group with appropriate treatment. During the re-audit eight patient records were reviewed, and again found to be compliant with appropriate treatment.

- The service had, since 2016, run regular annual audits of all medicines stocked. Where any medicines were due to expire, prior to the next review, coloured tabs were attached to the container to ensure that soonest expiring stocks were used first.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

### Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate, for example when referring patients to specialist services.
- 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.

# Are services effective?

(for example, treatment is effective)

- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services

## **Supporting patients to live healthier lives**

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care

provider for additional support. The service provided dietary advice, which included producing dietary plans for patients, and offered health screening services, including sexual health.

- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

## Our findings

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

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

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### **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, however it had never been requested or needed to be offered.
- The service had a hearing loop in the reception area to assist patients with a hearing impairment.
- 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.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The service was focussed on providing a private GP service primarily to patients who commuted for work into the local area, and who otherwise would need to take time off work to see their NHS GPs. The service was open and offered appointments Monday to Thursday between 8.00am – 6.00pm, and Fridays between 8.00am – 5.30pm. Patients were able to walk-in and be seen, subject to appointment availability, or by arrangement the service was prepared to extend the clinic times to enable patients to attend at a time convenient to them.
- The facilities and premises were appropriate for the services delivered.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The provider had referral pathways to a range of local private specialist services.

### 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. Staff treated patients who made complaints compassionately.
- 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.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and also from analysis of trends. It acted as a result to improve the quality of care. We saw that there had been five complaints received by the service over the last 12 months. In one complaint the patient said that correspondence had been sent to the wrong address. On reviewing the patient records the service found the address had been given at the time of booking the appointment. The doctor discussed the complaint with the patient and resolved the issue.

# Are services well-led?

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

## Our findings

During the previous inspection in October 2018 we found the service was not well-led in accordance with the relevant regulations, including: there was a lack of effective systems in place to monitor and improve the quality and safety of the services or to identify and mitigate risks to people's health safety and welfare; administrative staff had not received appraisals for several years; the provider had not established a full range of written governance policies or consistently reviewed and updated its existing policies; there was no business continuity plan in place. At this inspection we found that the practice had taken action to rectify most issues and was in the process of resolving those that remained outstanding.

In addition, we found an area where the provider should make improvements: staff meetings were infrequent and those that were held were not recorded.

### Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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.
- Leaders and managers acted on behaviour and performance inconsistent 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 told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- 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.
- There were positive relationships between staff and teams.

### Governance arrangements

During our last inspection on 18 September 2018 we found: the provider had not established a full range of written governance policies or consistently reviewed and updated its existing policies; and non-clinical staff had not received appraisals within the last 12 months. At this inspection we found that the provider had implemented a full range of governance policies.

- The provider had implemented a full range of written governance policies, including, for example: a data protection policy, recruitment policy, and a local security policy.
- Non-clinical staff had not received appraisals for several years. The provider intended to commence regular appraisals for all non-clinical staff within the next month following the inspection.

# Are services well-led?

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

- The provider had put in place systems to monitor and improve the quality and safety of the services or to identify and mitigate risks to people's health safety and welfare. We saw evidence of completed audits of medical records and medicines stocked by the service.
- 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.
- Staff were clear on their roles and accountabilities
- It had undertaken a suitable infection prevention and control audit on 19 November 2018. The provider had taken action to rectify any issues it had identified.
- The provider had implemented a full range of written governance policies, including, for example: a data protection policy, recruitment policy, and a local security policy.
- Staff had received training to recognise the signs of sepsis, and had they been provided with guidance about how to deal with any patients presenting with the symptoms of sepsis.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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.

## Managing risks, issues and performance

- During our last inspection on 18 September 2018 we found the service had failed to ensure that: it held a supply of medicines for use in an emergency, nor had it undertaken a suitable risk assessment for the lack thereof; it assessed and ensured general health and safety at the premises and staff workstations; it had undertaken an infection prevention and control audit; all governance policies were regularly reviewed and updated; staff were able to identify and act appropriately when patients presented with the symptoms of sepsis; and there was no business continuity plan. At this inspection we found that the service had rectified most issues and was in the process of resolving those remained outstanding:
- The service had implemented a business continuity plan; however, it did not contain emergency contact details for suppliers and staff.
- The service had risk assessed the premises on 16 January 2019, no issues requiring rectification had been identified. It had also undertaken a risk assessment of staff workstations. The issues identified related to a need for staff training to enable them to correctly set up and adjust equipment. For example, one member of staff reported that they were not sitting at an appropriate screen height when operating their computer. All necessary training and adjustments had been actioned by the provider.
- The service held, and regularly checked, a supply of emergency medicines. During the inspection it identified an additional medicine that it should hold. The provider subsequently provided us with evidence that the medicine had been ordered, and supplied.
- Regular staff meetings had not yet commenced, however the service had set a date to start holding regular staff meetings and we were shown a copy of the proposed template for use in meetings.
- Although the provider was not currently employing any locum doctors it had put together a locum handbook that any subsequently employed locum doctors could refer to for guidance.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.

## Appropriate and accurate information

During our last inspection on 18 September 2018 we found the service had failed to ensure that: staff meetings were regular and were recorded for the benefit of learning and sharing of decisions; and it had a written handbook to which locums could refer for guidance. At this inspection we found that the service had rectified one issue and was in the process of resolving the other.

# Are services well-led?

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

- 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.

- The patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture. Staff were encouraged to raise concerns, and patients could complete forms in reception or on the service's website.

- Staff were able to describe to us the systems in place to give feedback. Staff told us they could raise concerns in meetings, or directly with the lead GP.

## **Continuous improvement and innovation**

There were 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.