Evamed UK Ltd

Inspection report

75 Harley Street
London
W1G 8QL
Tel: 07711822654
www.badermedical.com

Date of inspection visit: 2 March 2023
Date of publication: 08/05/2023

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?	Requires Improvement
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.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Evamed UK Ltd on 2 March 2023 as part of our inspection programme.

The service offers gynaecology, genital reconstruction and vaginal rejuvenation related treatments. In addition, the service offers individualised bioidentical hormone replacement therapy (BHRT).

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Evamed UK Ltd provides a range of non-surgical cosmetic interventions, for example, botox and fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

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

For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We spoke to four patients during this inspection and received positive feedback.

Our key findings were:

- Recruitment checks were not always carried out in accordance with regulations including Disclosure and Barring Service (DBS) checks.
- Some emergency medicines were not in stock.
- Consultations were mostly comprehensive. However, we noted that there was a lack of information in some care records.
- There were clear systems and processes to safeguard patients from abuse. All staff had received training appropriate to their role.
- There was evidence of quality improvement activity including clinical audits. However, a formal prescribing audit was not carried out.

Overall summary

- Consent procedures were in place and these were in line with legal requirements.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection.
- Staff members were knowledgeable and had the experience and skills required to carry out their roles.
- Clinical records were detailed and held securely.
- Patients were asked for feedback following each appointment. This feedback was logged, analysed and shared with staff.
- The service had systems to manage and learn from complaints. However, the policy and response did not include information regarding how to escalate the complaint if they were unhappy with the clinic's response to their complaints.
- Patients were able to access care and treatment in a timely manner.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Carry out formal regular prescribing audits and peer reviews.
- Review the complaints policy and include information regarding how to escalate the complaint if the patient was not satisfied with the response to their complaint.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to Evamed UK Ltd

Evamed UK Ltd is an independent clinic in central London.

Services are provided from: 75 Harley Street, London W1G 8QL. We visited this location as part of the inspection on 2 March 2023.

The service provides gynaecology, genital reconstruction and vaginal rejuvenation related treatments. In addition, the service provides individualised bioidentical hormone replacement therapy (BHRT). On average the service offers 160 to 180 appointments per month.

The service was open to adults only.

Online services can be accessed from the practice website: www.badermedical.com

The clinic is open from 9am to 6pm Monday to Friday.

The Evamed UK Ltd clinical team consists of two doctors (both gynaecologists), a nurse and a health care assistant (HCA). The clinical team is supported by a patientcoordinator, a reception manager and administrative staff.

The service is registered with the CQC to provide the regulated activities of treatment of disease, disorder or injury, diagnostics and screening procedures, family planning and surgical procedures.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. We spoke with a range of clinical and non-clinical staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback collected by 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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

- Recruitment checks were not always carried out in accordance with regulations including Disclosure and Barring Service (DBS) checks.
- Some emergency medicines were not in stock.
- Most of the care records we reviewed were comprehensive. However, we noted that there was a lack of information in some care records.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse. However, some improvements were required.

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. Policies were regularly reviewed and were accessible.
- The service offered healthcare services to adults only. The service had systems to safeguard vulnerable adults from abuse.
- 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.
- We noted that partial recruitment checks had been undertaken prior to employment. However, some improvements were required. For example, the three staff files we reviewed showed that only one reference (satisfactory evidence of conduct in previous employment) for two staff had been undertaken prior to employment, which was not in line with the service's recruitment policy, which required two references. Interview notes were not always kept in staff files.
- 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). However, we noted that a DBS check was not always processed in a timely manner. For example, we noted that one member of clinical staff had received an 'enhanced' DBS check (requested by the previous employer), which was received in October 2021 and they started employment at the service in January 2023. We noted that the service had not carried out their own Disclosure and Barring Service (DBS) check when they were employed in January 2023. The service had not carried out any risk assessment to mitigate the risks this may pose to patients. A few days after the inspection, the service informed us that the staff had received a DBS check on 5 April 2023.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and received a DBS check.
- There was an effective system to manage infection prevention and control. Regular infection control audits were carried out. There were systems for safely managing healthcare waste.
- The service carried out a legionella risk assessment on 1 December 2021 and regular water temperature checks had been carried out (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- On registering with the service, patient's photographic identification was verified.

Risks to patients

Requires Improvement

Are services safe?

There were systems to assess, monitor and manage risks to patient safety. However, some improvements were required.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored 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.
- There was suitable equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- The systems and arrangements for managing emergency medicines minimised risks. However, some emergency medicines were not in stock which were used to treat epileptic seizure and suspected meningococcal infection (severe infections of the lining of the brain and spinal cord and bloodstream). A few days after the inspection, the service informed us that they had ordered emergency medicines which were not in the stock on the day of the inspection.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Mostly the staff had the information they needed to deliver safe care and treatment to patients. However, some improvements were required.

- Patient records were stored securely using an electronic record system. The care records we saw showed that information needed to deliver safe care and treatment was mostly available to relevant staff in an accessible way. Most of the individual care records we reviewed were written comprehensively and managed in a way that kept patients safe. However, we found a lack of information in 2 out of the 10 care records we reviewed. For example, on 1 occasion a reason for prescribing the antibiotics was not clearly recorded. On another occasion, they had carried out a labiaplasty procedure but relevant notes were not documented appropriately. (Labiaplasty is the surgery to reduce the size of the labia minora – the flaps of skin on either side of the vaginal opening).
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines. However, some improvement was required.

- The service offered gynaecology, genital reconstruction and vaginal rejuvenation related treatments (Gynaecology deals with the functions, medical disorders and diseases of the female reproductive system).
- The service was promoting health and well-being (anti-ageing advice) by offering lifestyle changes and prescribing on-counter supplements. In addition, the service was offering a range of aesthetic services related to the genital areas, which were out of the scope of this inspection.
- The service informed us they mostly prescribed medicines related to gynaecology. They did not treat acute or long term conditions. The service was run by two doctors (both gynaecologists).
- The service specialised in individualised bioidentical hormone replacement therapy (BHRT) to treat menopause related conditions in women. We noted that patients were treated with unlicensed medicines (Treating patients with

unlicensed medicines is a higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the British Menopause Society. NICE Guidance NG23 states that clinicians must explain to women that the efficacy and safety of unregulated compounded bioidentical hormones are unknown). The doctors explained the risks associated with the use of unlicensed medicines which was documented in the consultation notes. The service only used UK based pharmacies that were registered with the General Pharmaceutical Council in the UK.

- The service had carried out a progesterone audit to ensure safe prescribing. However, other formal prescribing audits had not been carried out to ensure prescribing was in line with best practice guidelines for safe prescribing. They carried out regular reviews. (Progesterone is a hormone that plays an important role in the reproductive system).
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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 and incidents

The service had a good safety record.

- The premises was well maintained and the facilities were excellent. There were comprehensive risk assessments in relation to safety issues.
- The service had an up to date fire risk assessment (1 November 2022) in place and they were carrying out regular fire safety checks.
- We noted that the safety of electrical portable equipment was assessed (11 October 2022) at the premises to ensure they were safe to use.
- The fire extinguishers were serviced annually.
- The fire drills were carried out.
- The electrical installation condition checks of the premises had been carried out on 21 September 2020.
- The lift was serviced on 27 April 2022.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. There had been no significant events.
- There were adequate systems for reviewing and investigating when things went wrong.
- 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.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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), the Royal College of Obstetricians and Gynaecologists (RCOG) and the British Menopause Society (BMS) best practice guidelines.

- The service ensured that all patients were seen face to face for their initial consultation.
- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clear clinical pathways and protocols.
- The service used a comprehensive assessment process including full life history accounts and necessary examinations such as blood tests or scans to ensure greater accuracy in the diagnosis process. The assessments were tailored according to information on each patient and included their clinical needs and their mental and physical wellbeing.
- The outcomes of each assessment were mostly clearly recorded and presented with explanations to make their meaning clear.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. Patients were required to attend a periodic check with the service, without which the doctor would not prescribe further medicines.
- The service involved patients in regular reviews of their medicines. After the initial face to face consultation (60 minutes), the service offered a follow up consultation (45 minutes) to monitor and adjust the treatment according to a patient's symptoms and needs. The doctors had access to all previous notes.
- Patients were able to contact the doctor to discuss any concerns.
- The doctor advised patients what to do if their condition got worse and where to seek further help and support.
- The service had an effective system to assess and monitor the quality and appropriateness of the care provided.
- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. The clinical audit had a positive impact on the quality of care and outcomes for patients. For example, the service carried out a clinical audit to review the safety and efficacy of non-surgical radiofrequency (RF) applications in the treatment of stress urinary incontinence (SUI). (SUI is a leakage of urine during moments of physical activity that increases abdominal pressure, such as coughing, sneezing, laughing, or exercise). The service monitored and reviewed 10 patients. Following the clinical audit, it was concluded that the use of RF for the treatment of mild to moderate stress urinary incontinence in females was safe and effective.
- The service carried out a clinical audit on progestin (a synthetic lab-created hormone) and concluded to continue with progestin treatment for endometrial hyperplasia without atypia was a good practice, which was in line with the NICE guidelines. (Endometrial hyperplasia is a precancerous condition in which there is an irregular thickening of the uterine lining and 'without atypia' means less likely to become cancer. This condition may improve if treated with hormones).
- The service carried out a clinical audit to monitor the outcomes and complications after the surgical procedures were carried out.

Good

Are services effective?

- The service carried out a comprehensive record keeping audit to ensure effective monitoring and assessment of the quality of the service.
- We found the service followed up on pathology results and had an effective monitoring system in place to ensure that all abnormal results were managed in a timely manner and saved in a patient's record.
- The service offered appointments for cervical cancer screening tests. The service had a system to ensure results were received for all samples sent for the cervical cancer screening. The service had established failsafe systems to follow up women who were referred to as a result of abnormal results.
- The service collected patient feedback to monitor the quality of care and treatment provided. Pre-appointment and post-appointment questionnaires were completed by the patients to measure the effectiveness of the treatment offered.

Effective staffing

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

- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff.
- The service was run by two doctors, who were both directors and gynaecologists.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- One of the doctors was registered with the Independent Doctors Federation (IDF) the independent medical practitioner organisation in Great Britain. (IDF is recognised as the nationwide voice of independent doctors in all matters relating to private medicine, their education and revalidation).
- The doctors had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practice). The doctors were following the required appraisal and revalidation processes.
- The service 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 had received training relevant to their role.
- All staff had received an appraisal within the last 12 months.

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. If a patient needed further examination they were directed to an appropriate agency; signposted to their own GP or to their nearest A&E department.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medical history.
- When a patient contacted the service, they were asked if the details of their consultation could be shared with their NHS GP. If the patient did not agree to the service of sharing information with their GP, then in case of an emergency the provider discussed this again with the patient to seek their consent. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), 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.

Good

Are services effective?

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.
- Nutritional supplements had been recommended where appropriate by doctors to promote a healthy life style and could be ordered from professional healthcare websites and did not require a formal prescription.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards. We spoke with four patients over the telephone during this inspection.
- Feedback from patients was positive about the way staff treat people.
- We reviewed patient feedback available online which was positive.
- 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.
- The service sought feedback on the quality of clinical care patients received.

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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- The service gave patients clear information to help them make informed choices including information on the clinic's website. The information included details of the scope of services offered and information on fees.
- Patients told us 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.
- We saw that procedures were personalised and patient specific which indicated patients were involved in decisions about care and treatment.
- The service had comprehensive patient information available explaining the procedures and what to expect.
- 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.

Good

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.

- Patient's individual needs and preferences were central to the planning and delivery of tailored services.
- The service offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against anyone.
- The service website was well designed, clear and simple to use featuring regularly updated information.
- They provided services to patients with an ethos of providing individualised care and treatment, considering and respecting the wishes of their patients.
- The facilities and premises were appropriate for the services delivered. The premises was accessible for patients with mobility issues. The services were offered on the fourth floor. There was a lift available on the premises.

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.
- The service aimed to provide an appointment for their patients to undertake an assessment as soon as possible. Patients were offered various appointment dates to help them arrange suitable times to attend.
- Appointments were available on a pre-bookable basis. The service provided consultations mostly face to face and follow up appointments could be arranged via telephone calls. Consultations were available between 9am to 6pm on Monday to Friday. The service published information about this on the service website and the patient leaflet.
- Patients could access the service in a timely way by making their appointment online or over the telephone. No appointments were offered over the weekend.
- This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if more appropriate to contact their own NHS GP or NHS 111.

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. However, some improvements were required.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service had a complaint policy and procedures in place. However, the policy did not include information regarding how to escalate the complaint if they were unhappy with the clinic's response to their complaints.

Good

Are services responsive to people's needs?

- The service had received three complaints in the last 12 months. Complaints were logged and analysed. The service learned lessons from individual concerns, complaints and analysis of trends. It acted as a result to improve the quality of care. For example, the service investigated a complaint which raised concerns that the treatment was not successful. The service decided to arrange a telephone call with all patients who had received similar clinical treatment in the last six months to review their satisfaction levels.
- The records we looked at showed that complaints were responded to in a timely manner. However, the response did not inform patients regarding how to escalate the complaint if they were not satisfied with the response to their complaint.

Good

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.

- 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 service had effective processes to develop leadership capacity and skills.

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 service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored the progress against the 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff 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. They were given protected 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 management.

Governance arrangements

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

Good

Are services well-led?

- Leaders had established proper policies, procedures and activities to ensure safety. However, they were not always operating as intended. For example, we noted that the DBS was not always processed when new clinical staff started work at the service. The practice had not carried out a documented risk assessment to mitigate the risk.
- Structures, processes and systems to support good governance and management were clearly set out, understood and mostly effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and coordinated person-centred care.
- Staff were clear on their roles and accountabilities.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance. However, some improvements were required.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas required improvement, such as recruitment checks, emergency medicines and there was a lack of information in some consultation notes.
- Both doctors worked closely and discussed complex cases with each other. However, the service was unable to provide evidence of any formal peer reviews.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. However, a formal prescribing audit was not carried out.
- 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 used performance information which was reported and monitored and management and staff were held to account.
- Patient assessments and consultation notes were recorded on a secure electronic system.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, we noted the doctors used their portable computing devices to carry out online video consultations and they were not using a secure programme.
- The service submitted data or notifications to external organisations as required.
- The service was registered with the Information Commissioner's Office (ICO).

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and valued feedback from patients. These were reviewed and considered by the provider.
- There were examples of compliments received by the service. We saw a number of positive comments documented on the online review websites at the time of our inspection. This was highly positive about the quality of service patients received.
- We spoke with four patients. They were positive about the care and treatment offered by the service, which met their needs. They said they were listened to and treated with dignity and respect.

Good

Are services well-led?

Continuous improvement and innovation

There were 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.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. (For example, the service informed us they were using the latest modern medical equipment and technology to carry out various procedures. They informed us all medical equipment was regularly serviced.
- The doctors were regularly attending relevant events to keep up to date to explore new technologies.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had not done all that was reasonably practicable to mitigate risks. In particular, we found: • There was a lack of information in some consultation notes. For example, on one occasion a reason for prescribing the antibiotics was not clearly recorded. On another occasion, a procedure was carried out but relevant notes were not documented appropriately. • Some emergency medicines were not in stock which were used to treat epileptic seizure and suspected meningococcal infection (severe infections of the lining of the brain and spinal cord and bloodstream) and no risk assessment had been completed. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular, we found: • Recruitment checks were not always carried out in accordance with regulations including Disclosure and Barring Service (DBS) checks.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.