

Embankment Place Primary Healthcare

Inspection report

1 Embankment Place,
London
WC2N 6RH
Tel:

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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?	Outstanding	
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? – Outstanding

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 Embankment Place Primary Healthcare on 16 March 2023 as part of our inspection programme. The service has not previously been inspected.

Embankment Place Primary Healthcare provides a primary health care service to the partners, directors and dependent family members of PwC UK (PwC), a consulting and accountancy firm. The main clinic is located within the PwC office complex at Embankment in central London. There is also a branch clinic which is located next to their office in Southwark, London. The service is not open to the public.

One of the senior managers is the registered manager with CQC. 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:

- Patients and staff were protected by comprehensive safety systems which took account of best practice. Managing risk was recognised as the responsibility of all staff.
- The service reviewed the effectiveness and appropriateness of the care provided. There was evidence of quality improvement activity.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients were able to access care and treatment within an appropriate timescale for their needs.
- The service had systems in place to collect and analyse feedback from patients.
- There was a clear leadership structure to support good governance and management.

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Chief Inspector of Health Care

Our inspection team

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

Background to Embankment Place Primary Healthcare

Embankment Place Primary Healthcare is located at 1 Embankment Place, London, WC2N 6RH. There is also a smaller clinic providing the same range of services at Abbots Lane, 139 Tooley Street, SE1 2HZ. Both of the sites are fully accessible, for example with lift access. The service is funded by PwC UK (PwC) and is led by a board with stakeholder representatives. The service is established as an independent legal entity.

At the time of the inspection there were around 3500 registered patients, around 80 of whom were under 18.

The main clinic occupies a purpose-designed area adjacent to the main PwC office complex at Embankment Place. The service can be accessed from the offices or via a separate entrance. The branch clinic is located adjacent to the PwC office on the upper floors of a separate building and is accessible by lift.

The service provides an independent GP service, medical examinations, screening and health checks to the partners and directors of PwC and their family members. The service provides a travel health service including yellow fever vaccinations. The independent GP service is open to the dependent family members of partners and directors including children over the age of 13 years.

The clinical team includes 6 GPs, 4 advanced nurse practitioners and 3 physiologists. The service also employs managerial staff including a pharmacist manager and a PwC director. The service contracts with external companies to provide physiotherapists and the reception team (known internally as the 'front of house' team) and cleaning/housekeeping staff.

The service offers appointments on weekdays between the hours of 8.30am and 5.30pm. Appointments can be booked in person, by telephone or email request. The service does not provide out-of-hours, emergency medical care. When the service is closed, patients are signposted to urgent and emergency services if required.

The service provides the regulated activities of: treatment of disease, disorder or injury; and, diagnostic and screening procedures.

How we inspected this service

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider in advance.
- Conducting staff interviews the managers, and a non-clinical staff member.
- A site visit to review a sample of service user records and consultations and an interview with the clinic doctors to discuss the findings.

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 Outstanding because:

Patients and staff were protected by comprehensive safety systems which took account of best practice. The service had built a strong safety culture and managing risk was recognised as the responsibility of all staff. 'Speaking up' was encouraged. Staff were able to discuss risk effectively with people using the service and involved patients in managing their own risks. Compliance with safety policy and procedure was routinely monitored.

Safety systems and processes

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

- The service fostered a strong safety culture. Patients and staff were protected by comprehensive safety systems. There was a focus on openness, transparency and learning should things go wrong. All the managers and staff members we spoke told us that the organisation actively promoted and protected the safety of patients and staff and were able to provide examples.
- The service had comprehensive safety policies, which were regularly reviewed by the governance committee and the governance lead and shared with staff. Policies were tailored to the needs and risks associated with the patient population. Policies clearly showed how to escalate concerns and who to go to for further guidance.
- Staff received safety information from the service as part of their induction and refresher training. Key practical information was provided to clinicians in a 'blue folder'. For example this included instructions about safeguarding procedures, reporting responsibilities and an escalation flow chart in cases of female genital mutilation.
- A proactive approach to anticipating and managing risks to patients was embedded and recognised as the responsibility of all staff, for example, all staff including the cleaners, were trained on emergency life support procedures.
- Clinicians could give examples of how they discussed risk effectively with patients. There was sufficient built into consultations to explore strategies.
- The service had systems to safeguard children and vulnerable adults from abuse. The service retained the services of an external, expert advisor in relation to safeguarding. The clinicians were provided with access to the NHS Safeguarding app which identifies the correct local MASH (multi-agency safeguarding hub) team should they need to escalate concerns. The clinical team held a dedicated monthly safeguarding meeting.
- The service had systems in place to assure that an adult accompanying a child had parental authority. These systems applied for both face-to-face and video consultations. The service did not treat young children. Older children had to be booked in by a parent or guardian with parental authority.
- 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 clinicians were able to provide a recent example of immediate action they had taken to identify and safeguard a person at risk of abuse. The GPs followed up with the safeguarding team, professionals and the patient to ensure that appropriate action had been taken and plans were in place.
- 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 for all prospective staff and workers in line with the service's recruitment policy. (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 received up-to-date safeguarding and safety training. All clinicians and managers were trained to 'level 3' as a minimum for both vulnerable adults and children. The safeguarding leads were trained to 'level 4'.
- Staff who acted as chaperones were trained for the role.

Are services safe?

- There was an effective system to manage infection prevention and control (IPC). The service summarised its key IPC policy points, updates, training and audit results in an annual statement. This was published on the service's internet microsite which was accessible to staff and patients.
- The service carried out a weekly infection prevention and control inspection; an annual infection prevention and control audit and ran quarterly mandatory hand hygiene training for all staff.
- The cleaners worked at the service throughout the working day. The cleaners placed stickers on room doors to show when rooms had been cleaned and 'sealed'. When the seal was broken, the cleaners would know the room required cleaning when vacant.
- There were systems for safely managing healthcare waste.
- The service followed the manufacturer's instructions in relation to cleaning more specialised equipment (for example, the audio booth) with the nurses and physiologists taking responsibility as appropriate for this.
- The provider 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.
- The governance lead carried out unannounced inspections which included checking equipment and the facilities.
- The service had access to PwC's Health and Safety teams, expertise and resources, for example, in ensuring that fire safety risk assessments were carried out by suitable contractors and any recommendations were actioned. The service managers had access to all relevant documents and could demonstrate a close, collaborative working relationship between themselves and the relevant teams.

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. The service had increased staffing following the COVID-19 pandemic in response to its analysis of demand, need and patient preferences and could demonstrate relatively high clinician to patient ratios. For example, the service had recruited an additional female GP because the service was seeing more female patients and more advanced nurse practitioners who were able to advise and treat patients with minor illness quickly.
- 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. All staff, including the reception team, received training on sepsis awareness.
- The practice was well-equipped for emergencies and regularly simulated emergency situations to ensure staff were confident about these procedures. Simulations included a debrief at the following clinical meeting to identify and share any areas for improvement. All staff were trained on basic life support, including the cleaning staff.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. The GPs were required to have indemnity cover from a specific, established provider and the company covered the cost of this.
- Patients and those close to them were treated as partners in their own care and actively involved in managing their own risks. For example, around a third of GP consultations were focused on mental health concerns. The service had recruited GPs with experience, special interests in and additional training in mental health. We were given examples of their approach in involving patients in identifying triggers and developing longer-term strategies to manage mental health problems and improve wellbeing and the range of available resources (medical and non-medical).

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately, accessible and checked regularly. The service maintained two emergency trolleys in the main clinic, one on each floor, and one trolley in the branch clinic. The emergency trolleys were visibly sealed once checked. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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 clinicians tagged records with key information to ensure this was clearly visible to the wider clinical team.
- 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. Clinically urgent referrals were prioritised and patients were offered appropriate, specialist appointments within days. Urgent referrals were monitored.

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, controlled drugs, emergency medicines and equipment minimised risks.
- The service used electronic prescribing and 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).

The service carried out quarterly audits at individual GP level which included a review of their prescribing. Non-medical prescribers received ongoing supervision and a monthly review of prescribing.

- The service had seen an increase in demand for GP and advanced nurse practitioner consultations since opening and was planning to introduce regular audits where prescribing levels made this feasible, for example, antibiotic prescribing.
- 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.
- The service had a medicines management policy which set out the process for different types of prescribing. For example, there was a specific process that the GPs needed to follow if they were considering prescribing a medicine 'off-label'. That is, when a medicine is prescribed outside the terms of its licence.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues, for example including fire safety; health and safety; information security and Legionella. Debriefing sessions were held with the PwC safety team following simulated evacuations or other types of safety audit.
- 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. Incidents were required to be submitted within 24 hours for investigation. All incidents were reported to the lead GP and manager. The incident log was shared with staff. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were formal systems for reviewing and investigating when things went wrong. The service learned and shared lessons and took action to improve safety in the service.
- The service actively promoted an open reporting culture. Staff had access to a speak up helpline which was accessible 24 hours a day. It had also appointed internal 'speak up champions'.

Recent examples of incidents that resulted in improved safety included:

- The installation of physical barriers outside the exit to ensure the doors (which opened outwards) could not hit pedestrians when people left the building.
- Since opening, the service had identified a pattern (although incidents remained uncommon) that patients experiencing stress or distress were sometimes verbally aggressive to staff. This had not been anticipated prior to opening the service. In response, the service had put in place more systems to support staff, including introducing a system of trained, volunteer 'mental health first aiders'.
- The service had stopped using one company providing specialist diagnostic tests following a data breach by that company. The service had also reviewed and strengthened its own systems for identity checking following this incident.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service 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 effective mechanisms in place to disseminate alerts to all members of the team including sessional staff as appropriate. For example, any relevant safety alert updates were included in the monthly clinical meeting; clinicians were signed up to online alerts and the pharmacist reviewed and audited action in relation to relevant alerts.
- 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.

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 (relevant to their service)

- 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.
- The service had appointed one of the GPs as the lead for clinical effectiveness and allocated them protected time to fulfil this role.
- 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.
- Staff assessed and managed patients' pain where appropriate.
- The GPs had undertaken additional training in special interest areas, for example, women's health.
- The service actively promoted health screening to patients and we were provided with evidence the service had identified previously undiagnosed cancers through targeted specialist health screening.

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 had introduced a programme of clinical audit and non-clinical audit following its opening and the COVID-19 pandemic. The majority of audits we reviewed had completed the first cycle (for example, an audit of repeat prescribing) and showed that care was being provided in line with guidelines and clinic policies.
- The service maintained a register of patients with long-term conditions and this was highlighted on the patient record. The service liaised with the patient's NHS GP in relation to long-term conditions with the patient's consent, for example, where the NHS GP was carrying out reviews. The service kept a recall log for those patients for whom it was carrying out regular reviews.
- The governance committee was responsible for monitoring performance and took into account information from a range of sources including activity levels, patient feedback and audit results.

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 (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) 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.

Are services effective?

- Staff whose role included immunisation, travel health and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.
- Staff appraisal included explicit discussion of development interests, opportunities and objectives. The service could show how staff members and contracted staff with a relevant specialist interest were supported to develop, for example, the service had supported clinicians to carry out additional training.

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. The service was able to demonstrate that it had an effective referral network and patients were offered timely appointments for more specialist advice, testing and treatment.
- 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.
- 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- The service did not routinely see patients in vulnerable circumstances but had policies and procedures in place to coordinate with other services if required.
- 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.
- The service monitored the process for seeking consent appropriately. The service had undertaken an audit to ensure that consent was sought in line with its policy, for example, written consent was required before proceeding with certain interventions, such as ear irrigation.

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.

- The service was designed to offer a holistic service which included offering annual medical examinations (a requirement for PwC partners and directors), advanced health screening, and support on the menopause.
- The team presented at PwC events and workshops to raise awareness of health and wellbeing.
- 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.
- Where patients needs could not be met by the service, they were referred or redirected to the appropriate service for their needs.

Consent to care and treatment

Are services effective?

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

- The clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- The clinicians supported patients to make decisions. If appropriate, they understood how to assess and record a patient's mental capacity to make a decision.

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.
- Feedback from patients was very 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 including British Sign Language. Interpreting was more difficult to organise for patients who wanted an urgent appointment as the interpreting company requested notice. The clinic team was planning to set up a focus group to include consideration of equality of access.
- Patient feedback received by the service showed patients felt listened to and supported by staff. For example, in the most recent 2022/23 annual patient survey of adolescents using the clinic (66 respondents), 100% of young people said they were given all the information and instruction they needed.
- Appointments included sufficient time to discuss test results fully; health and wellbeing including mental wellbeing and any patient concerns and questions.
- The service had not yet seen any patients with a learning disability. The team were confident that they had the skills and experience (several of the clinic GPs worked part-time in the NHS) to communicate with patients with a learning disability according to their preferences as the service became more popular.
- Clinicians were trained on the Mental Capacity Act, Deprivation of Liberty and dementia.
- Clinicians had access to validated online communication aids and easy read resources.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patients had the choice of a male or female GP and chaperones were offered.
- Patients attending for medical examinations were provided with gowns and blankets. Consultation rooms were equipped with curtains and doors were lockable to avoid interruption.
- 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?

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.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were well designed for the services delivered. For example, patients were able to take a shower on the premises after taking a cardiac (exercise) stress test and before returning to work. Lockers were also provided.
- 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 located over two floors with a lift available.

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. Follow up appointments were scheduled with the same clinician to ensure continuity of care for patients.
- Waiting times, delays and cancellations were minimal.
- Patients were able to book planned appointments, for example, for an annual medical up to three months ahead.
- Patients with the most urgent needs had their care and treatment prioritised. The service was able to book patients in the same day for more urgent problems.
- Patient feedback reported the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The GPs had developed strong referral pathways and relationships with specialists and could demonstrate that patients were referred and seen quickly by specialist services. Patients were referred for an appointment within days when potentially serious conditions such as cancer were suspected.

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.
- The service had not received any formal complaints since opening.
- Staff treated patients who had questions or were unhappy about aspects of the service compassionately.
- The service had a complaints policy and procedures in place. This included information for 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 recorded verbal complaints and more critical comments in patient feedback to learn lessons and had acted as a result to improve the quality of the service. For example,

- The service now provided a clear price list when family members of PwC partners registered with the service.
- It had fitted handles to patient lockers so that they were easier to open following verbal feedback.

Are services responsive to people's needs?

- The service had also reflected on its approach after a patient objected to wearing a face mask during the COVID-19 pandemic and amended its mask policy. The service was aiming to instil a culture where reasonable adjustments were put in place to accommodate individuals' needs wherever possible rather than applying blanket or 'one size fits all' procedures or restrictions.

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 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 involved stakeholders and staff in developing these.
- There was 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. Appraisals including setting individual goals in line with the values.

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.
- Openness, honesty and transparency were demonstrated when responding to incidents and critical feedback. 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.
- All staff and contracted personnel (such as the physiotherapists) were viewed as valuable members of the team. The service had been using reception team members supplied by a third party company (which provided 'front of house' staff to the PwC office more generally). The service had recognised that its reception team were developing specific, relevant skills and expertise in relation to providing a health care service (for example, sepsis awareness and life support training) and was in the process of transferring their employment contracts so they would become directly employed staff members. Staff we spoke with who were involved in this process told us it had been managed well.
- There was a strong emphasis on the safety and well-being of all staff. For example, the service had implemented a 'mental health' first aider scheme; staff had access to an online GP service and there was a staff recognition scheme.
- The service promoted equality and diversity. There were systems in place to identify workforce inequalities and investigate any equality concerns. Staff had received equality and diversity training.

Are services well-led?

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The service was governed by a board with staff and PwC representation.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- Patients and staff were protected by comprehensive safety systems and the service had instilled a strong safety culture at all levels. All the managers and staff members we spoke to told us that the organisation actively promoted and protected the safety of patients and staff and were able to provide examples.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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.
- 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 was being developed and embedded to provide ongoing assurance about the clinical quality of care. There was clear evidence of action to change services to improve quality.
- 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 senior management team reviewed patient feedback on a monthly basis.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

Are services well-led?

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. The service carried out a patient survey, requesting feedback after every consultation. The results were reviewed monthly. In February 2023, for example 98% of responding patients said they would recommend the service to others. The managers told us they were considering setting up a focus group with patients to obtain ideas for improvement and service development.
- Staff could describe to us the systems in place to give feedback. The service carried out a staff survey and held regular staff meetings and away day events. We saw that staff feedback had been acted on, for example, by increasing the length of appointments to discuss the menopause.
- The service provided staff with access to a 24 hour 'speak up' telephone hotline if they had concerns they did not feel comfortable directly reporting to the leaders. Staff told us that the leaders were approachable and they felt listened and valued members of the team.
- The service could point to the positive impact of its focus on health and wellbeing and screening for its busy patient population as evidence of the effectiveness of this approach (for example, early detection of disease).
- The service had introduced hour-long appointments to discuss the menopause with affected patients after the clinicians reported that shorter appointment times were insufficient to cover the topic in the depth that patients needed.
- Staff told us that the implementation of the Mental Health first aiders had proved to be a positive innovation. The first aiders, who were primarily non-clinical staff, received two days of training from an external provider for the role. The first-aiders were able to spot potential problems early, for example, subtle signs of distress or agitation in a patient and seek the support of a clinician more quickly and it gave staff an opportunity to talk and reflect with a trained colleague who could also signpost them to additional resources.
- We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

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.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.