

London Doctors Clinic Ltd

# London Doctors Clinic Ltd - King's Cross

## Inspection report

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## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



## Overall summary

**This service is rated as Good overall.** (Previous inspection 13 February 2018.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at London Doctors Clinic Limited, King's Cross (the clinic) on 18 July 2019 as part of our current inspection programme. We previously inspected this service on 13 February 2018 using our previous methodology, when we found the service was compliant with the relevant regulations. At that inspection, we did not apply ratings.

# Summary of findings

The clinic is operated by London Doctors Clinic Limited (the provider) which is an independent doctors service, currently providing private general medical services at 15 locations across London. All services are private, subject to payment of fees, and are usually provided on a “single-visit” basis, with patients’ long-term health conditions not being routinely managed. No NHS services are provided.

The provider 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 general exemptions from regulation by CQC, relating to particular types of service and these are set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, the provider offers some services to patients under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation and therefore we were only able to inspect the services which are not arranged for patients by their employers.

The provider’s chief executive officer is the registered manager for the clinic. 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.

We received three completed CQC comment cards which were all consistently positive about the service. Patients commented that the doctors were attentive, caring and professional.

## Our key findings were:

- Care was provided in a way that kept patients safe and protected them from avoidable harm.
- There was an open and transparent approach to safety and a system in place for recording, reporting and learning from significant events and incidents. The provider had clear systems to manage risk so that safety incidents were less likely to happen. When incidents happened, the provider learned from them and reviewed its processes to implement improvements.
- There were clearly defined and embedded systems, processes and practices to keep people safe and safeguarded from abuse, and for identifying and mitigating risks of health and safety.
- Patients received effective care and treatment that met their needs.
- The provider organised and delivered services to meet patients’ needs. Patients said that they could access care and treatment in a timely way.
- The provider reviewed the effectiveness and appropriateness of the care. It ensured that care and treatment was delivered according to evidence-based guidelines and best practice.
- Patients told us all staff treated them with kindness and respect and that they felt involved in discussions about their care and treatment options.
- Doctors had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

# London Doctors Clinic Ltd - King's Cross

## Detailed findings

### Background to this inspection

London Doctors Clinic Limited ("the provider") is an independent doctors service, currently providing private general medical services at 15 locations across London. All services are private, subject to payment of fees, and are usually provided on a single-visit basis, with patients' long-term health conditions not being routinely managed. The service is offered to adults and children, but most patients are adults. No NHS services are provided.

The provider is registered by the CQC in respect of the following regulated activities:

- Diagnostic and Screening Services
- Maternity and Midwifery Services
- Treatment of Disease, Disorder or Injury

Services provided at the clinic include: GP Consultation; Women's Health; Referrals for Imaging, Investigations and Procedures; Health Screening; Blood Tests; General Wellness Screening; Sexual Health; Travel Health. The services are offered on an appointment-only basis, with appointments often being available from 8am to 8pm seven days a week. However, the availability of appointments may vary, dependent upon demand and doctors' working patterns. Patients may be referred to the provider's other locations in the event that the King's Cross clinic is not operating at the relevant time. Appointments can be booked by using a central telephone number, or through an online system accessible via the provider's website –

<http://www.londondoctorsclinic.co.uk>

The clinic is situated on the ground floor of a serviced commercial block a short distance from King's Cross

Station, with the associated good transport links. The service is provided from two clinical rooms, with suitable access and facilities for disabled patients. There is a small reception / waiting area for clinic patients, as well as a larger one for other visitors to the building.

The provider employs 10 doctors and has contracts with a further 16, who work across the 15 London locations; 10 regularly work at the King's Cross clinic. Most of whom also work within the NHS. In addition, use is made of regular locums. There are no nurses working within the service. Each location has a clinic manager undertaking service and site management, together with administrative and reception duties. Clinic managers also sometimes work across the various locations. Service provision at all locations is supported by a corporate team that includes management, governance, quality assurance, administrative and financial roles. The provider has approximately 70,000 patients registered for its services across all 15 locations, with around 5,000 appointments being booked per month.

### How we inspected this service

We reviewed information about the service in advance of our inspection visit. This included:

- Data and other information we held about the service.
- Material we requested and received directly from the service ahead of the inspection.
- Information available on the service's website.
- Patient feedback and reviews accessible on various websites.

During the inspection visit we undertook a range of approaches. This included interviewing the provider's registered manager, a doctor working on the day and the

## Detailed findings

clinic manager; reviewing feedback from patients who had used the service; reviewing documents and records; examining electronic systems; and assessing the building and equipment.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### We rated safe as Good because:

Services were provided in a way that consistently promoted and ensured patient safety.

### Safety systems and processes

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

- The provider had clearly defined systems, processes and related practices which were embedded and integrated. Staff we spoke with demonstrated appropriate understanding of safety management.
- The provider conducted safety risk assessments and had appropriate related safety policies. These were regularly reviewed and shared with all staff. Staff received safety information as part of ongoing training.
- The provider had appropriate processes for receiving, managing and responding to alerts, including those received from the Medicines and Healthcare products Regulatory Agency ("MHRA"). The provider's medical director had overall clinical responsibility for managing and responding to alerts for the whole organisation. We saw an example of an MHRA Drug Safety Update being distributed throughout the service within 30 minutes of receipt.
- The provider had systems to safeguard children and vulnerable adults from abuse. There were detailed policies which had been regularly reviewed – most recently in January 2019 - and these were accessible to all staff. Safeguarding was a standing agenda item at management and clinical meetings and we saw examples of case being discussed and reviewed.
- We saw evidence staff received up-to-date safeguarding and safety training appropriate to their role. In the case of doctors, this included level 3 child safeguarding training, while clinic managers had been trained to level 2. Staff we spoke with demonstrated they understood their responsibilities in relation to safeguarding, including reporting concerns to external agencies.
- The provider worked with other agencies, for example NHS GPs, when patients were registered with one, 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.
- Staff were able to describe examples of where they had acted appropriately in response to safeguarding concerns, for example suspected modern slavery.
- 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 staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Chaperones were available if patients required them, with notices posted in the waiting area and in the clinical rooms. All clinic managers received ongoing training and updates to act as chaperones. Chaperones' attendance at consultations were recorded appropriately on patients' notes.
- There was an effective system to manage infection prevention and control (IPC). There was a detailed policy, last reviewed in January 2019, and the registered manager was the nominated lead for IPC issues across all locations. An IPC audit had been carried out in April 2019, with no action required. We saw evidence that staff had IPC training appropriate to their role. Arrangements to manage the risks associated with legionella (a bacterium that may infect water systems in buildings) were in place. We saw evidence of regular water sampling and testing being carried out on behalf of the building landlord. There were sufficient systems for safely managing healthcare waste and appropriate cleaning schedules were being used. We saw a record was maintained of staff members' Hepatitis B immunisation status.
- The provider ensured that facilities and equipment were safe to use, and equipment was maintained according to manufacturers' instructions. The provider's health and safety policy had been reviewed in January 2019. Fire safety general health and safety risk assessments had been carried out in April 2019. Firefighting equipment and the fire alarm had been inspected in March 2019, on behalf of the landlord, and there was a record of its weekly testing. Electrical equipment had been (PAT) tested in April 2019, when medical equipment, such as the blood pressure monitor, pulse oximeter and ECG machine, had been tested and calibrated.

### Risks to patients

## Are services safe?

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

- Staff we spoke with understood and could describe their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff demonstrated they knew how to identify and appropriately manage patients with severe infections, for example sepsis, and we saw that doctors working at the clinic had received sepsis training.
- The provider had appropriate insurance cover in place and we saw evidence of doctors' professional indemnity arrangements being up to date.
- Emergency medicines, an oxygen supply and a defibrillator (a device used to re-start a person's heart in an emergency) were available. We saw evidence that all staff had received up to date basic life support training.
- We saw the provider had a business continuity plan for major incidents such as power failure or building damage. Patients could be directed to the provider's other locations, if necessary, the process being co-ordinated by the provider's head office.

### 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 appropriately available and accessible to staff.
- The provider's electronic patient record system was used across all sites. Staff could access all patient records at any of the sites and also remotely. The system was appropriately secure.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider understood their responsibility to communicate with other health professionals, for example when referring patients over to secondary care.
- There was provision for medical records to be retained in line with Department of Health and Social Care guidance in the event of the provider ceasing to trade.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

The provider 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 provider used a paperless electronic prescription system, which was monitored appropriately. The system provided doctors with advice and guidance on prescribing, for example when two or more prescribed medicines have adverse interactions.
- The provider prescribed and dispensed a range of medicines and vaccines, but these did not include any controlled drugs. The provider's policies on prescribing and dispensing had been reviewed in January 2019.
- All medicines were securely stored and there were effective stock control systems in operation. The medicines fridge had been inspected and calibrated in April 2019. Medicines were dispensed by a doctor at the time of the consultation. Details of the dispensed medicines, including batch numbers, were recorded in patient notes.
- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance, for example guidance issued by the National Institute for Health and Care Excellence (NICE) in relation to anti-biotic prescribing.
- There were appropriate measures for verifying the identity of patients including children.
- The provider had carried out monthly prescribing audits.

### Track record on safety and incidents

The provider had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The provider appropriately 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 provider learned and made improvements when things went wrong.

## Are services safe?

- There was a system for recording and acting on significant events. The policy and procedure had been reviewed in January 2019. The provider used an electronic significant incident form to document and record incidents. This was accessible for all staff.
- The provider had clear definitions of significant events. There had been none at the clinic in the past 12 months, but incidents at the provider's other locations had been reviewed and learning from them had been shared. We saw an example where the corporate process for tracking imaging reports had been revised. Significant events were a standing agenda item at management and clinical meetings. In addition to events with adverse or potentially adverse outcomes, these also incorporated where things had gone well resulting in positive outcomes.
- There were effective systems for reviewing and investigating when things went wrong. The provider learned from incidents, shared lessons, identified themes and took action to improve safety in the service.
- 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 provider had systems in place to deal with notifiable safety incidents
- The provider acted on and learned from external safety events as well as patient and medicine safety alerts. The provider had a process to consistently disseminate alerts to relevant staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Good because:

Effective care was provided that met with current evidence-based guidance and standards. There was a system for completing audits, collecting feedback and evidence of accurate, safe recording of information.

### 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.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. This included NICE best practice guidelines which the provider reviewed and utilised. We saw a recent in-house monthly bulletin, that included guidance on tendonitis.
- The clinical management system was integrated with a prescribing reference tool, giving doctors access to current prescribing guidance.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw evidence of appropriate use of care plans, care pathways and supporting processes.
- We saw minutes which had been documented as part of clinical and governance meetings where patient care was discussed.
- We saw evidence that clinicians had sufficient information to make or confirm diagnoses.
- We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

The provider was actively involved in quality improvement activity.

- We saw that monthly audits of consultation notes for each doctor were completed. Staff told us this was to assess consultation safety, review adherence to guidance and best practice, and to check that follow-up work was clinically and ethically appropriate.

- Doctors were given feedback following these consultations audits, of which there was corporate oversight and tracking of these.
- We saw evidence of seven clinical audits carried out over the last 12 months. This included medicine prescribing, ear syringing and cervical smears. Each of these were repeat cycle audits and we saw evidence of improved outcomes for patients as a result of actions taken by the provider, such as care templates being revised.
- In addition to clinical audits, other appropriate audits had been undertaken regularly and in the last 12 months. This included health and safety, risks and infection prevention and control.

### Effective staffing

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

- All staff were appropriately qualified. The provider had separate induction programmes for newly-appointed clinical and non-clinical staff which were role-specific. This included a period of supervised clinics for doctors and suitable induction for locum doctors.
- We saw that doctors were registered with the General Medical Council (GMC) and records showed they were all up to date with revalidation. Most also worked within the NHS and were on the relevant performers' lists.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were sufficiently maintained and were up-to-date, with corporate oversight. Staff were encouraged and given opportunities to develop.
- The provider could demonstrate that staff had undertaken role-specific training and relevant updates including basic life support, infection control, safeguarding, information governance, equality and diversity, mental capacity act, fire and general health and safety.

### 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 communicated effectively with other services when



# Are services effective?

(for example, treatment is effective)

appropriate, for example by sharing information with patients' NHS GPs in line with GMC guidance. This was subject to patients' agreement and there was a documented process to support this.

- Each consultation included a discussion relating to sharing information, including relevant consent, with the patient's NHS GP where applicable.
- If patients required urgent diagnostic referrals staff told us patients would be advised to contact their NHS GP who would make the referral. Patients were provided with a letter to give to their GP with relevant information from the consultation. We saw evidence that the provider shared concerns with patients' GPs. Patient could also sign up to have secure online access to the records held by the provider regarding their care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health and their medicines history.
- We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

## 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.

- We saw evidence that staff gave patients health and lifestyle advice.
- Where patients' needs could not be met by the provider, staff would signpost them to services appropriate for their needs.

## Consent to care and treatment

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

- Staff demonstrated they understood the requirements of legislation and guidance when considering consent and decision making.
- The provider had a documented process for sharing information with patients' NHS GPs, when appropriate.
- Staff supported patients to make decisions. Where necessary, they assessed and recorded a patient's mental capacity to make a decision. Suitable training had been provided. Doctors demonstrated understanding of the concept of Gillick competence in respect of the care and treatment of children under 16. The provider monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

### We rated caring as Good because:

The provider demonstrated that it ensured patients were involved in decisions about their treatment, that their needs were respected, and that services were provided in ways that were caring and supportive.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Longer appointments were available if requested.
- Feedback from patients was consistently positive about the way staff treated them.
- Staff demonstrated they understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Staff we spoke with demonstrated a patient-centred approach to their work. This was reflected in the patient feedback.
- The provider 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.

- The provider's post-consultation surveys indicated that the majority of patients felt listened to and involved in decisions about their care and treatment.
- Patients told us through comment cards, 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.
- Doctors helped patients be involved in decisions about their care and were aware of the Accessible Information Standard, a requirement to make sure that patients can access and understand the information they are given.
- A hearing loop was available to assist patients with hearing disability.

### Privacy and Dignity

The provider respected patients' privacy and dignity.

- Staff demonstrated that they recognised the importance of patients' dignity and respect.
- Patients commented that doctors were attentive, understanding, and ensured their dignity was maintained at all times.
- Staff knew if patients wished 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 rated responsive as Good because:

The provider ensured it responded to patients' needs for treatment and that it was able to deliver those services.

### Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs and preferences.

- The provider made patients aware of what services were offered and the limitations of what was provided. For example, it did not include ongoing management of long-term conditions and this was made clear to patients.
- The provider's facilities and premises were appropriate for the services delivered.
- Standard appointments were of 15 minutes, but longer ones could be booked should there be several issues to discuss.
- Video consultations are available to patients, but the numbers of these provided across the various locations was currently very small. Telephone consultations and home visits were not available.
- The provider does not offer a formal out of hours service at the clinic, but other locations may be accessed and the provider has on-call doctors available to discuss ongoing care with existing patients outside of opening hours.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

### Timely access to the service

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

- Services were offered on a private, fee-paying basis only, and therefore were accessible to people who chose to use them.
- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Feedback - including from the provider's own surveys, reviews posted on the internet, and CQC comments cards - indicated that patients were able to access the service when required. Patients reported they were able to access appointments that were convenient to them.
- Patients reported that the appointment system was easy to use.

### Listening and learning from concerns and complaints

The provider 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 on the provider's website and at the clinic. Staff told us they made patients aware of the complaints procedure and how the provider welcomed complaints and feedback to help improve the service. Staff treated patients who made complaints with concern and compassion.
- There was a complaints policy and procedure which was regularly reviewed and updated, most recently in February 2019. There was a corporate complaints manager responsible for co-ordinating and investigating patient concerns and feedback. Complaints were a standing agenda item at management and clinical meetings. The provider learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The provider treated all feedback reviews which did not receive either four or five stars out of five as a complaint and responded accordingly, contacting the patient to discuss any concerns.
- The provider informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The provider had received 36 complaints, or treated feedback as such, in the past 12 months. We reviewed a sample of these complaints and saw they had been handled appropriately. Improvement actions following complaints included making changes to the provider's website to clarify some aspects of the service, and improved training for clinic managers.

# Are services well-led?

Good 

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

## Our findings

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

Services were provided which were well-led and well-organised. There was a culture that was keen to promote high quality care.

### 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 of services, including the ongoing and future delivery of these services.
- Staff at all levels demonstrated high levels of experience, capacity and capability to deliver high-quality and sustainable care.
- Leaders demonstrated a detailed understanding of current and future challenges and priorities facing the organisation. This included consistent communication with NHS GPs (where applicable), timely patient accessibility, and maintaining consistently high standards across a large staff team.
- Leaders demonstrated a focus on meeting the challenges to delivering high-quality services. This included recruitment of the highest quality staff available; providing ongoing staff training; continuous interrogation and scrutiny of performance and quality information; ongoing analysis of patient demographics data; and developing and maintaining high-performing systems and processes.
- Staff at all levels prioritised the management of patient expectations.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and improve services. Staff were actively encouraged to identify opportunities and contribute ideas to improve the services delivered by the organisation.

### Vision and strategy

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

- The provider had a realistic strategy and supporting business plans to achieve priorities including for future development.

- The provider's strategy was focused on meeting a demand for convenient same-day appointments at convenient locations in central London. There were plans to expand services to other sites.
- The provider developed its vision, values and strategy by including all staff. Staff were aware of and understood the vision, values and strategy and their role in achieving these.
- The provider monitored progress against delivery of the strategy.

### Culture

The provider had a culture of high-quality sustainable care.

- Staff we spoke with felt respected, supported and valued and told us they were proud to contribute to the service.
- Staff told us they were continually motivated to contribute to providing high-quality care.
- Staff were actively encouraged to raise concerns and make suggestions for improvement. The existing system of staff meetings, and related policies and procedures, positively supported these principles. Staff we spoke with told us they were confident that issues and concerns they raised would be addressed and managed appropriately.
- The provider demonstrated a focus on the needs of patients. 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.
- Leaders and staff demonstrated respect for the NHS, with the service intended to compliment that which the NHS delivered, for example by offering access at short notice to same-day appointments at a time convenient for the patient, on a fee-paying basis.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were effective processes for providing all staff with the development they needed. This included formal appraisal, supervision, and development arrangements. All staff had received in-house appraisals in the last 12 months. There was a clear organisational structure to ensure effective governance.
- There was a strong emphasis on the safety and well-being of all staff.

# Are services well-led?

Good 

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

- There were positive relationships between all staff, managers and leaders.

## 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. There were organisational approaches to governance that were consistently and appropriately applied.
- There was oversight for emergency medicines and equipment, and there was consideration for how to deal with medical emergencies.
- Staff were clear on their roles and accountabilities.
- There were proper policies, procedures and activities to ensure safety, and staff were assured that these were operating as intended.
- There were regular meetings held to support governance systems and their application. We saw evidence from minutes of meetings that demonstrated that lessons had been learned and shared following significant events and complaints.

## Managing risks, issues and performance

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

- There were effective processes to identify, understand, monitor and address current and future risks which included risks to patient safety. We saw examples of where risks were managed effectively.
- The provider had processes to manage current and future performance. Performance of clinical staff could be demonstrated through oversight and consideration of consultations, prescribing and referral decisions.
- Patient feedback was used to support performance management of clinical and other staff.
- Feedback was analysed and reported at an organisational level. Appropriate actions were taken in response to feedback received, for example providing additional support and training where deemed necessary.
- Clinical and other audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.

- The provider had plans for managing and responding to major incidents.

## Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Information was used appropriately to monitor and improve performance. This included the views of patients.
- Performance, quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were processes to address any identified weaknesses.
- The provider used electronic systems to manage risks and monitor and improve care. For example, warnings were used on the clinical system to share information relating to patients known to the organisation for attempting to obtain prescriptions inappropriately. This information was shared across all sites.
- There were sufficient 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 provider involved patients, the public, staff and external partners to support high-quality sustainable services.

- The provider encouraged and listened to views and concerns of patients and staff and acted on them to shape services and culture.
- There was a focus on proactively gathering and responding to patient feedback. All patients were sent a questionnaire to complete following each consultation they received. The survey completion rate was approximately 40%. Feedback was collated, reviewed and analysed at corporate level.
- Feedback was passed to doctors straight away and they also received detailed monthly summaries of their feedback.
- All patient feedback that scored less than four or five overall (out of five) was classified by the provider as a complaint and handled according to the complaints policy.

# Are services well-led?

Good 

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

- Staff could describe to us the systems in place to give information about feedback and trends, including one-to-one sessions and staff meetings.
- The provider was transparent, collaborative and open 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 provider made use of internal and external reviews of incidents and complaints. Learning was shared across the organisation and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Monthly continuing professional development sessions were held with all doctors.