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The Wharfedale Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 5 October 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

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

The Wharfedale Clinic is situated in Guiseley, Leeds LS20 8AR, located approximately nine miles north west of Leeds City Centre. The service provides treatment for musculoskeletal conditions and sports injuries. Treatment is provided for adults and children. It is housed in a two storey building. There are three clinical rooms, two downstairs and one on the first floor. Patients with mobility problems are able to be seen in one of the downstairs rooms. The ground floor of the building is accessible to patients with mobility problems or those who use a wheelchair. Limited parking is available on site, but on-street parking is available in adjacent streets. In addition, parking is available in an adjacent supermarket which enables patients to park there for up to three hours. The service is accessible by public transport. The Wharfedale Clinic provides treatment and/or diagnostic services for between 100 and 200 patients per month. Patients can access the service from anywhere in the local or wider area. Some patients travel from further afield, including from Scotland and the Continent.

Treatments are available from one medical practitioner (male), with expertise in musculoskeletal conditions,

Summary of findings

sports medicine and osteopathy. Additional clinical expertise is provided by two independent clinicians; one physiotherapist (female) who has expertise in sports injury and exercise management and one podiatrist (male) with expertise in biomechanics and sports injuries.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, the services it provides. The service is registered for the provision of diagnosis, advice or treatment under the supervision of a medical practitioner, including the prescribing of medicines for pain associated with musculoskeletal conditions. The services provided by the physiotherapist and podiatrist at the clinic are not activities regulated by the CQC. Therefore these services did not fall under the scope of our inspection. We were only able to inspect the services provided by the medical practitioner at the service.

The clinical team is supported by a practice manager and two receptionists (all female).

Opening times are 9am to 5pm, Monday to Friday. The service is closed on alternate Wednesdays and Fridays.

The medical practitioner 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.

We spoke with one patient during the inspection. In addition we spoke with two people who had provided transport for patients receiving treatment at the service. They described the service as 'fantastic'. Staff were cited as 'friendly and welcoming'; the facilities were described as 'first class'. We received 24 CQC comment cards which had been completed by patients accessing the service both before and during our visit. These too were all overwhelmingly very positive. Comments included: 'staff have been very friendly and professional'; 'the treatment was great and I got exactly what I needed'. Premises were described as 'very clean and hygienic'.

Our key findings were:

- Medicines were safely managed.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- There were systems, processes and practices in place to safeguard patients from abuse.
- The staffing levels were appropriate for the care and treatment offered by the clinic with an appropriate staff skill mix across the service.
- The service had risk management processes in place to manage and prevent harm.
- There was an infection prevention and control policy; and procedures were in place to reduce the risk and spread of infection.
- Patient outcomes were evaluated and reviewed as part of quality improvement processes.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- Relevant information was shared with other services appropriately and in a timely way.
- The service was offered on a private, fee paying basis only and was accessible to people who chose to use it.
- Although no complaints had been received in the preceding year; there was a complaints policy, which described appropriate processes to respond to complaints; and mechanisms in place to share learning with relevant staff.
- There was a clear leadership structure, with governance frameworks which supported the delivery of quality care
- The service encouraged and valued feedback from patients and staff

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

- Review the provision of basic life support training for reception staff.
- Review the arrangements in place to carry out fire drills on a regular basis.
- Review their recruitment and induction processes for staff, including the retention of proof of identification, references and documented induction processes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- Medicines and emergency equipment were safely managed. We saw that the rooms where medical gases(oxygen and entonox) were stored did not have appropriate signage displayed outside the room. Following our feedback the provider sent photographic evidence that appropriate signage had been put in place.
- There were systems and processes in place to safeguard patients from abuse.
- The staffing levels were appropriate for the care and treatment provided by the clinic. Patients were able to access care and treatment by the musculoskeletal physician at the service; as well as the other disciplines of specialist physiotherapy and podiatry provided by the independent practitioners who provided sessional cover at the clinic.
- Comprehensive risk management processes were in place to manage and prevent harm.
- A fire risk assessment was carried out annually, and fire equipment was appropriately monitored and fit for use. At the time of our visit the service had not carried out any fire drills. Following our feedback we received an action plan demonstrating that fire drills were scheduled to be carried out at regular intervals.
- The service had an infection control policy, and procedures were in place to reduce the risk and spread of infection. Infection control audits were undertaken. At the time of our visit no written evidence of audits was held. Following our feedback the provider submitted an action plan showing that an audit tool had been accessed; and would be adapted to their service.

Are services effective?

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

- Patient outcomes were reviewed as part of audits or quality improvement.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- With patient consent, relevant information was shared with other services, such as patients' own GPs and secondary care in a timely way.
- A thorough clinical assessment and medical history was undertaken prior to recommending treatments.
- Staff demonstrated they understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The service had developed bespoke consent forms which were specific to any treatments being offered to individuals. We saw that patient consent was obtained before beginning any treatment plans.
- Staff received training appropriate to their role. At the time of our visit reception staff had not received basic life support training. Following the inspection the provider submitted an action plan demonstrating that this would be completed within one month of our visit.

Are services caring?

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

- Patient feedback was overwhelmingly positive about the services provided by the clinic. Staff were cited as being professional and friendly.

Summary of findings

- We saw that staff treated patients with dignity and respect.
- Patients were involved in decisions about their care and treatment.

Are services responsive to people's needs?

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

- The service was offered on a private, fee paying basis only, and was accessible to people who chose to use it.
- The premises were accessible to patients with mobility difficulties, or those who used a wheelchair. Ground floor clinical rooms were available when needed.
- The service carried out quarterly patient satisfaction surveys. In addition patient feedback was sought on a daily basis via a comments, complaints and suggestion box available in the patient waiting area.
- The service had a complaints policy in place. Although no complaints had been received in the preceding 12 months we saw that mechanisms were in place to respond to any complaints in a timely way, and disseminate any learning to relevant staff.
- Patients received an individualised package of care. The service had access to interpreting services if required. A portable hearing loop was in place for those patients with hearing difficulties.
- Patients were able to book appointments over the telephone, in person or via email.

Are services well-led?

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

- The service had a governance framework in place, which supported the delivery of quality care.
- There was a clear leadership structure in place. Staff we spoke with told us they felt supported and involved in the delivery of clinic's services.
- Staff demonstrated their awareness of how to handle safety incidents, and their understanding of the Duty of Candour (DoC). DoC is in place to ensure that providers are open and transparent with people who use services in relation to care and treatment; and provide reasonable support, truthful information and an apology when things go wrong.
- Clinical audits had been carried out to monitor and improve patient outcomes.
- The service encouraged and valued feedback from patients, the public and staff to help drive continuous improvement.

The Wharfedale Clinic

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection at The Wharfedale Clinic on 5 October 2017. Our inspection team was led by a CQC inspector, and was supported by a GP specialist advisor and a second CQC inspector.

Prior to this inspection we gathered information from the provider from a pre-inspection information request. Whilst on the inspection we spoke with patients and members of the public using the service, interviewed staff and reviewed key documents, policies and procedures in use by the service.

During the inspection we:

- Spoke with the musculoskeletal physician, practice manager and receptionist.
- In addition we spoke with one patient accessing the service, and two people who were providing transportation for patients.
- Observed communication and interaction between staff and patients face to face in the waiting area.
- Reviewed clinical records of patients to track their progress through the service.
- In addition we looked at 24 CQC comment cards completed by patients using the service.

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

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

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

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations. There were areas where the provider could make improvements, and they should:

- Review the provision of basic life support training for reception staff.
- Review the arrangements in place to carry out fire drills on a regular basis.
- Review their recruitment and induction processes for staff, including the retention of proof of identification, references and documented induction processes.

Reporting, learning and improvement from incidents

There was a system in place for reporting and recording significant events. We saw a significant events policy which demonstrated that where patients had been impacted they would receive a timely apology, including details about any actions taken to change or improve processes when appropriate. We saw a significant incident recording tool to which all staff had access. Staff told us they would inform the practice manager of any incidents. All significant events and complaints received by the clinic were entered onto a single recording system. Monthly staff meetings were held and we saw that significant events, complaints and staff and patient suggestions were standing agenda items for discussion.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken where necessary to improve procedures or safety in the clinic. For example following an IT failure, the service had adopted the practice of proactively printing off patient appointments on a daily basis.

The provider was aware of and complied with the requirements of the Duty of Candour. This means that people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence. The physician and practice manager encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.

Where there were unexpected or unintended safety incidents:

- There were processes and policies in place which showed the clinic would give affected people reasonable support, truthful information and a verbal or written apology.
- There was a process in place to keep written records of verbal interactions as well as written correspondence.

Reliable safety systems and processes (including safeguarding)

The clinic had systems, processes and practices to keep people safe and safeguarded from abuse. Relevant legislation and local policies and procedures were accessible to staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. In addition staff had access to national numbers to access in the event of concerns around, for example, domestic violence. There was a lead member of clinical staff for safeguarding within the service. Staff demonstrated they understood their responsibilities and had received training relevant to their role.

Medical emergencies

The clinic had arrangements in place to respond to emergencies and major incidents.

- At the time of our visit reception staff had not received basic life support training. Following our feedback, the service provided an action plan which demonstrated that this would be made available to these staff within a month of the inspection date, and annually thereafter.
- Staff had access to an oxygen cylinder with adult and children's masks. A defibrillator was on site. At the time of our visit we saw that the rooms where medical gases were stored did not have appropriate signage displayed outside the room. Following our feedback the provider sent photographic evidence that appropriate signage had been put in place.
- A first aider had been identified who had been appropriately trained. A first aid kit and accident book was available.
- Emergency medicines were safely stored, and were accessible to staff in a secure area of the clinic. We saw that the emergency medicine stock included adrenalin. Adrenalin is a medicine used for the emergency

treatment of allergic reactions. All staff we spoke with knew of their location. Medicines were checked on a regular basis. All the medicines we checked were in date and fit for use.

Staffing

One medical practitioner (male) was the lead clinician in the service. Also working in the clinic was one female physiotherapist and one male podiatrist. The physiotherapist and podiatrist were independent practitioners who rented clinical rooms from the clinic, and arranged their own appointments and treated their own patients independently. A practice manager/partner and two receptionists completed the team.

Records completed by the provider confirmed the medical practitioner was up to date with revalidation. Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field, and provide a good level of care.

We saw evidence that the medical practitioner and other clinical staff were up to date with all professional updating requirements. Mandatory training records were made available to us, which showed that staff received regular in-house bespoke training and updates appropriate to their role.

Staffing for the service was planned around the scheduled patient appointments, ensuring the correct clinical skills were available to meet the needs of scheduled appointments. The practice manager and receptionist were also on duty during opening times.

We reviewed three personnel files. The recruitment policy evidenced that all new staff received appropriate recruitment checks prior to employment, for example proof of qualifications, registration with the appropriate professional body, references and proof of identity. The practice manager confirmed that the policy was followed in all cases. At the time of our inspection the service did not retain documents pertaining to staff recruitment within the staff files. Following our feedback the practice provided an action plan which evidenced that all such documents would be retained for all newly recruited staff in the future.

We saw that all staff received a Disclosure and Barring Services (DBS) check, including staff who acted as chaperones. Staff received training before acting as chaperones. Patient medical records documented when a chaperone had been offered, and who acted in that role if appropriate. (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).

Monitoring health & safety and responding to risks

The clinic had a health and safety policy, which was accessible by all staff. Procedures were in place for monitoring and managing risks to patient and staff safety. All electrical equipment was checked to ensure it was safe to use, and clinical equipment was checked, and logs kept, to ensure it was working properly.

We saw evidence that risk assessments were completed, for example medicines risk assessments and water system risk assessments. A fire risk assessment had been undertaken and weekly smoke alarm checks were carried out. At the time of our visit the service had not carried out any fire drills. Following our feedback we received an action plan from the service demonstrating that fire drills were scheduled to be carried out at regular intervals. We saw that the rooms where medical gases were stored did not have appropriate signage displayed outside the room. Following our feedback the provider sent photographic evidence that appropriate signage had been put in place.

- There were effective arrangements in place to meet the Control of Substances Hazardous to Health (COSHH) requirements.
- Staff had completed health and safety training appropriate to their role.
- Arrangements were in place for planning and monitoring the skill mix of staff required in order to meet the needs of patients.
- The medical practitioner had the appropriate medical indemnity protection in place. We saw that the service also maintained oversight of the professional indemnity arrangements of the independent practitioners who worked within the service.

Infection control

The clinic maintained appropriate standards of cleanliness and hygiene.

The clinic had an infection control policy and procedures were in place to reduce the risk and spread of infection. We looked at treatment rooms where patients were examined

and treated. All these rooms and equipment appeared clean, uncluttered, and well-lit with good ventilation. We observed the premises to be clean and tidy. The practice manager was the infection prevention and control (IPC) lead who kept up to date with current IPC guidelines in relation to best practice. There was an IPC protocol in place and staff had received up to date training. Cleaning audits were undertaken on a daily basis and IPC audits on a monthly basis by the practice manager. At the time of our visit no documentation was held in relation to IPC audits. Following our feedback we received an action plan evidencing that an audit tool had been sourced by the service, which, following amendments to make it relevant to the services provided by the clinic, would be in place within one month of our visit. We saw there was a sharps injury policy displayed as a flow chart in clinical rooms for staff to refer to. Staff we spoke with demonstrated their understanding of IPC procedures.

- We saw that arrangements for clinical waste disposal were appropriate.
- We saw that a legionella risk assessment had been undertaken, and appropriate processes were in place to prevent contamination. Legionella sampling had been carried out, which had identified no contamination. (Legionella is a bacterium which can contaminate water systems in buildings).

Premises and equipment

- The clinic was located over two floors. Two of the clinical rooms were on the ground floor. One clinical room, usually used by the independent physiotherapist was on the first floor. We were told that arrangements were made to examine and treat any patients with mobility difficulties on the ground floor in all cases.
- The patient reception and waiting area was on the ground floor. The premises were accessible by patients and members of the public with mobility problems, or wheelchair users.
- The premises were in good decorative order, and appeared well maintained. There was limited parking available in the clinic car park. Parking was also available in an adjacent supermarket car park, allowing patients at the clinic to park there for up to three hours. Alternatively, on-street parking was available close to the clinic.
- All equipment we checked was in good working order, with logs of equipment checks held.

Safe and effective use of medicines

The arrangements for managing medicines, including emergency drugs were appropriate (including obtaining, prescribing, recording, handling, storing and security).

- The service had policies for prescribing licensed medicines used to treat musculoskeletal conditions. No other medicines were prescribed. All medicines prescribed were recorded appropriately in the patient record, and patient information leaflets were provided in all cases. Medicines were stored securely. We saw that private prescriptions were securely stored and were not accessible by unauthorised persons.
- There was a clear audit trail for prescribing medicines. Systems were in place for the ordering, receipt and disposal of medicines
- The records we reviewed in relation to this were accurately and comprehensively completed.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The provider assessed need and delivered care in line with relevant and current evidence based guidance such as the National Institute for Health and Care Excellence (NICE).

The clinic was run by a physician with extensive expertise in musculoskeletal conditions, who kept up to date with best practice guidance.

All patients using the service had an initial consultation where a detailed history was taken of previous medical conditions, presenting symptoms, current medicines being taken and previous treatments accessed. If necessary, with the permission of the patient, the service contacted the patient's own GP to corroborate the information given, or request further details. On the rare occasion when consent was not given to contact the patient's GP, the service told us the rationale for contacting the GP was clearly explained to the patient, and where consent was declined, this was clearly documented in the patient's care record. Patients were given written information about treatment options. Patient consent was gained using bespoke consent forms which had been developed in house for each individual procedure or treatment option.

Clinical improvement activity included a retrospective audit of caudal epidural injections. The audit looked at before and after Visual Analogue Scales (VAS) for pain score. The results were benchmarked against national figures using internationally recognised pain scores. We saw that of 68 patients involved in the audit, 61% had achieved reduction in pain scores, which was higher than the national benchmark of 50% reduction in pain scores following the procedure.

The service recognised that patients may not return to the clinic following treatments; and they had initiated a telephone follow up consultation two weeks following any treatments, in order to assess the efficacy of any treatments. Results from this were recorded in the patient record.

Staff training and experience

Staff had the skills, knowledge and experience to deliver effective care and treatment.

The service provided an induction for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety awareness and confidentiality. At the time of our visit written evidence of induction was not retained on file; however staff told us they had completed an induction period. Following our feedback the provider told us they would retain written records for any staff recruited in future. Bespoke, role specific induction/training was developed and delivered by the practice manager, who kept up to date with current guidance and legislation and adapted the training to meet the needs of the service and their staff. Updating was provided as necessary. At the time of our visit we saw that reception staff had not received basic life support training. The provider submitted an action plan following our feedback which demonstrated that this would be sourced and delivered within one month of our inspection.

- There was an appraisal system in use which allowed for staff competency and development was assessed and reviewed. Staff told us they attended regular monthly meetings which included all staff, and received an annual appraisal.
- We saw that the service had a process in place to assure them that professionally registered staff maintained and updated their registration with the relevant body.
- The lead physician contributed to a number of local and national service improvement and training initiatives related to his area of expertise.

Working with other services

- Patients accessing the service were able to select the clinician (of the lead musculoskeletal physician, independent physiotherapist or independent podiatrist) of their choice. Clinical staff were able to seek internal support or advice between the disciplines when required in order to meet the needs of the patient more fully.
- We saw that the clinic liaised with other services in a timely way, for example with the patient's own GP or secondary care services.
- The clinic sought the consent of patients before contacting their own GP to share details of treatments provided, or to request additional follow up or support.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

- We found that staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision making requirements, including the Mental Capacity Act 2005. Individualised, bespoke consent forms had been developed specific to the treatment being offered.
- We looked at the care records of several patients who had procedures carried out in the preceding 12 months. Patient consent forms were completed fully and signed appropriately in all the records we viewed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

- We observed staff were respectful and courteous to patients and treated people with dignity and respect. Patients waiting to be seen were offered a hot drink whilst they waited for their appointment.
- We noted that consultation room doors were closed during consultations, and conversations could not be overheard. Reception staff told us that when speaking with patients over the phone they did not repeat personal details which could be overheard. In addition the reception area had a glass screen which could be closed to enhance confidentiality if required.
- All the patient feedback we received described positive experiences about the care and treatment they received, as well as the personalised service provided by staff. Staff were described as caring. Patients told us they felt listened to and were treated with care and attention.

Involvement in decisions about care and treatment

- Patients we spoke with said they felt listened to and supported by staff. They told us they had sufficient time during consultations to make an informed decision about treatment options.
- We saw evidence that discussions about procedures and outcomes were recorded in patients' records. Written information was available to describe the different treatment options available.
- Staff told us that although the number of non-English speaking patients was very low; interpreter services could be made available for these patients if required.

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Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointments.
- Comprehensive information about the services provided and the specific skills and expertise of the clinicians was available on the clinic website. Detailed written patient information leaflets about the range of procedures available were provided.
- The service provided care for adults and children as required. Patient needs varied from short term injury relating, for example to sports injuries, to more chronic conditions such as degenerative joint disease. Patients were able to access the service from anywhere in the country. Staff told us patients had travelled from as far afield as Scotland and France.
- The clinic carried out a telephone consultation two weeks after any treatment programme in order to assess patient outcomes. If necessary patients' own GPs could be contacted to arrange any additional support or follow up needed. We saw this reflected in patients' care records.

Tackling inequity and promoting equality

- The service was offered on a private, fee-paying basis only, and was accessible to people who chose to use it.
- The clinic offered appointments to anyone who requested one and did not aim to discriminate against any client group.
- The range of skills and expertise offered by the clinical team provided patients with a number of choices in relation to treatment of preference.
- The premises appeared in a good state of repair and were accessible to patients with mobility difficulties, or those who used a wheelchair. Patients were seen in a ground floor clinical room if necessary.

The clinic carried out quarterly patient satisfaction surveys. Patients were asked to rate the service against nine questions; rating the service as poor, satisfactory, good or excellent. We saw evidence of patient satisfaction surveys which showed that between June and August 2017 of 30 patients surveyed, 100% of respondents rated the service as good or better, with 92% of people rating the service as excellent.

In addition, patient feedback was sought on a daily basis via a comments, complaints and suggestion box sited in the patient waiting area.

Patients received an individualised package of care. The service was able to make use of interpreting services if required. A portable hearing loop was in place for those patients with hearing difficulties.

Access to the service

- The service was open 9am to 5pm Monday to Friday. The clinic was closed alternate Wednesdays and Fridays. Patients were able to book appointments over the telephone, in person or via email.
- Appointments were available throughout the course of the day, with breaks for lunch and two administration breaks. The service told us they endeavoured to provide priority access to appointments for those patients experiencing acute pain. In such cases the time allotted for administration breaks could be accessed.
- The provider told us that the average wait time from initial contact to first appointment at the clinic with the lead physician was one week. Appointments with the independent physiotherapist and podiatrist were arranged separately by them, and their services were beyond the remit of our inspection.
- Initial consultations were 45 minutes in length; with subsequent appointments differing in length in accordance with the treatment being offered. Staff reported the service scheduled enough time to assess and undertake patient's care and treatment needs. They told us there was enough time available to prepare for each patient, with time allocated between appointments for the clinician to complete any necessary administration or other tasks relating to patient care and treatment.

Concerns & complaints

The service had a complaints policy in place. Although no complaints had been received in the preceding 12 months we saw that mechanisms were in place to respond to any complaints in a timely way, and disseminate any learning to relevant staff. We saw that complaints, significant events, staff and patient suggestions were a standing agenda item on the monthly staff meeting.

A patient information leaflet provided patients with information on how to make a complaint. We saw that the complaints policy detailed how the service responded to

Are services responsive to people's needs?

(for example, to feedback?)

verbal and written complaints; and included details of other agencies to contact if a patient was not satisfied with the outcome of the service investigation into their complaints.

Are services well-led?

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

Our findings

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities.
- Service specific policies had been developed and implemented and were available to all staff in paper form.
- All staff were engaged in the performance of the service.
- There was a programme of clinical and internal audit which sought to benchmark patient outcomes against national measures.
- Arrangements were in place for identifying, recording and managing risks and issues; and implementing mitigating actions in a timely way. We saw evidence of environmental risk assessments, and the provider's health and safety policy.

Leadership, openness and transparency

- There was a clear leadership structure in place. Day to day running of the clinic was the responsibility of the practice manager. Clinical leadership was the responsibility of the lead clinician.
- We saw evidence of regular meetings including monthly minuted staff meetings which included all staff. Daily informal meetings also occurred where staff told us they felt able to raise any issues or make suggestions as concerns or ideas for improvement arose.
- Staff told us they felt supported by the practice manager and lead clinician. They told us they felt proud to work at the service, felt part of a team, and that all disciplines of staff were respected and listened to.
- The provider was aware of, and complied with, the requirements of the Duty of Candour. When unexpected or unintended safety incidents occurred the service told us they gave affected patients reasonable support, truthful information and a verbal and written apology. Their policy detailed how verbal as well as written communication was recorded and kept.

Learning and improvement

- Staff were supported to continually develop in their role, maintain, update and develop new skills.
- We saw evidence that the service made changes and improvements to services as a result of significant incidents, complaints and patient feedback. For example, the service had experienced some difficulties with their internet based telephone system, which at times had become inaccessible. As a result they were pursuing other telephony providers with a view to improving patient experience.

Provider seeks and acts on feedback from its patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patient feedback. A comments, complaints and suggestion box was located in the patient waiting area to gather feedback. In addition a quarterly patient satisfaction survey was conducted, asking patients to rate the service against nine points; rating them poor, satisfactory, good or excellent. We saw evidence of patient satisfaction surveys which showed that between June and August 2017, of 30 patients surveyed, 100% of respondents rated the service as good or better, with 92% of people rating the service as excellent.

Patients were contacted by telephone two weeks after any treatment to assess their outcomes and make any additional recommendations on that basis without the need for the patient to incur further cost.

The service had also gathered feedback from staff through staff meetings and informal discussion. For example the service had noted that some patients 'doctor shop', receiving a treatment at one service and attending another for another treatment. As a result of staff suggestions, the service had developed a system which provided every patient with full details of the procedure provided at the service; including the medicine administered, and the dose. This would then furnish any future services with detailed clinical information relevant to the patient's condition and treatment.