Smart Medical Clinics Limited

The Smart Clinics Wandsworth

Inspection report

15 Bellevue Road
Wandsworth
London SW17 7EG
Tel: 020 88771877
Website: www.thesmartclinics.co.uk

Date of inspection visit: 9 April 2019
Date of publication: 31/05/2019

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. (The service has not been rated previously, but was inspected in February 2018 and was found to be providing care and treatment in accordance with the relevant regulations.)

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 Smart Clinics Wandsworth as part of our inspection programme.

Smart Medical Clinics Limited provides private general practice services from two separately registered locations

Summary of findings

in London: The Smart Clinics Wandsworth and The Smart Clinics Brompton Cross. This inspection concerned only The Smart Clinics Wandsworth, located at 15 Bellevue Road, Wandsworth, London, SW17 7EG.

The service is located in a converted residential and business use property with street level access into a reception and waiting area. The building is not fully accessible to wheelchair users and does not have accessible facilities. There are patient toilets, a shower room and baby changing facilities available. Patients requiring additional access support are directed at the time of booking to the providers other location. There are three clinical consultation and treatment rooms, storage areas and an administration office.

Services are available to any fee paying patient. Services can be accessed through an individual, joint or family membership plan or on a pay per use basis.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate 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. At Smart Clinics Wandsworth some services are provided to patients under arrangements made by an insurance company with whom the servicer user holds a policy (other than a standard health insurance policy. These types of arrangements are exempt by law from CQC regulation. Therefore, at Smart Clinics Wandsworth, we were only able to inspect the services which are not arranged for patients by an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

The service has two CQC registered managers who work jointly across both provider locations in service management roles. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

Sixteen people provided feedback about the service. All sixteen people were wholly positive about the care that they had received.

Our key findings were:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback were received was consistently positive. The clinic also received high levels of positive feedback directly.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were two areas we suggested that the service should make improvements when we inspected in February 2018. Action was ongoing on both, but was not yet completed.

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

- Implement planned protocols to address risks associated with prescribing controlled drugs, including with patients giving false identity information when booking an appointment.
- Demonstrate quality improvement through follow up audit cycles.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

The Smart Clinics Wandsworth

Detailed findings

Background to this inspection

Smart Medical Clinics Limited provides private general practice services from two separately registered locations in London: The Smart Clinics Wandsworth and The Smart Clinics Brompton Cross. This inspection concerned only The Smart Clinics Wandsworth, located at 15 Bellevue Road, Wandsworth, London, SW17 7EG.

The service is located in a converted residential and business use property with street level access into a reception and waiting area. The building is not fully accessible to wheelchair users and does not have accessible facilities. There are patient toilets, shower room and baby changing facilities available. Patients requiring additional access support are directed at the time of booking to the providers other location. There are three clinical consultation and treatment rooms, storage areas and an administration office.

Services are available to any fee paying patient. Services can be accessed through an individual, joint or family membership plan or on a pay per use basis.

The service is led by the medical director who is also one of five GPs in the clinical team. The clinical team is supported by two service managers and one administrative staff member. Those staff who are required to register with a professional body were registered with a licence to practice.

Our inspection team was led by a CQC lead inspector**.** The team included a specialist advisor.

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

Before visiting, we reviewed a range of information we hold about the service and information the service submitted for the inspection.

During our visit we:

- Spoke with a range of clinical and non-clinical staff including GPs, service managers and administrative staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards and online forms completed by service users.

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.

Good

Are services safe?

Our findings

We rated safe as Good because:

- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. The service had adequate arrangements to respond to emergencies and major incidents.
- There was an effective system for reporting and recording significant events and sharing lessons to make sure action would be taken to improve safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had risk assessed their arrangements for checking patient identity and had identified that there was risk that patients could give false details to attempt to obtain controlled drugs. Protocols to address this, and risks associated with prescribing controlled drugs generally, were being developed but had not yet been implemented.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority to give consent to care and treatment. Staff we spoke to were clear that they needed to be sure that the accompanying adult had parental authority, and had procedures to check with a parent where another adult (e.g. a nanny) brought a child into the service.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). It was the provider's policy to undertake DBS checks for all staff members. We looked at some staff recruitment files. These all had evidence of a DBS check, although in one case the service had accepted a DBS check from another provider rather than undertaking a new check. DBS checks are not generally transferable between employers. This staff member did not legally require a DBS check.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control, including to manage the risk of legionella.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- 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.

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.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There was appropriate equipment and medicines to manage medical emergencies.

Good

Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had considered the guidance from the Department of Health and Social Care (DHSC) about the retention of records, and had a system in place in the event that they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- Most prescriptions were issued using the computer system and printed onto practice letter headed paper. There was a small supply in the practice of pink private prescription forms used to prescribe controlled drugs. At the time of the inspection these were held securely but there was no system to monitor their use. Shortly after the inspection we were sent details of a new system to ensure that individual controlled drug prescription forms could be tracked.
- There was no practice prescribing policy. Staff explained that doctors were expected to prescribe in line with guidance in the British National Formulary. Draft guidance had been developed for staff on when it was appropriate to prescribe controlled drugs (and alternative actions that could be taken where it was not appropriate). It was expected that this would be implemented shortly.
- There were no regular service-wide medicines audits that looked at all of the prescribing of particular medicines. There was an annual random notes audit of a small sample of each GPs consultations (five per GP in the 2018 audit), which assessed whether prescribing was safe. Prescribing was also one area assessed in each GPs annual appraisal. This included a review of up to 100 consultations per GP. We also heard of informal peer review leading to discussion and improvement in prescribing practice. For example, when one GP noticed that another had prescribed a dosage other than that recommended in the British National Formulary, we heard that discussion had led to a reminder to GPs to always document fully reasons for deviating from guidance.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- Patients provided personal details at the time of registration including their name, address and date of birth. Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration; however this information was not verified. If the patient could not confirm the details given at registration staff would ask for proof of identity. The service had risk assessed this system and identified that there was risk that patients could give false details to attempt to obtain controlled drugs. The draft guidance for GPs that we saw did not address this issue specifically.
- Adults accompanying children were asked to confirm that their relationship and where staff were in any doubt, staff asked for evidence. We heard examples of staff asking for evidence of consent from a parent when nannies brought children for immunisations.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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. There were a number of safety audits, which assessed whether staff understood policies and procedures and checks systems to verify that protocols were followed.

Lessons learned and improvements made

Good

Are services safe?

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons and took action to improve safety in the service in response to all incidents, including near misses. In one incident the service identified, during a routine health screening, that a patient had a potentially serious health condition that required urgent investigation. Staff took appropriate action to ensure the patient remained safe while transfer hospital was arranged and took place, and then reviewed the documented emergency procedures to reflect the lessons learned from the incident.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- Clinical audits were used to demonstrate the quality of care provided and there was evidence of action to change practice to improve quality, however there was limited evidence that those actions had resulted in improvement.

Effective needs assessment, care and treatment

We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to the service)

- 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.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

- The service conducted audits to ensure diagnosis and treatment were in line with national guidelines. For example the service audited patient notes to ensure compliance with recognised note taking guidance and compliance with prescribing guidelines and identify areas for improvement. The service found that of the ten areas looked at, across forty sets of notes, compliance was high (100%) for all clinicians, with the exception of the recording of the duration of symptoms (65% compliance) and recording the provision of advice if symptoms should worsen (70% compliance). The audit findings were discussed during clinical meetings and follow up audits were scheduled to demonstrate learning and improvement.
- The service also audited the diagnosis and treatment of haematuria (the presence of blood in urine) to ensure compliance with guidelines. The service identified 28 patients for the audit and found that the relevant tests were provided in 88% of cases and that 100% of patients were referred to their NHS GP or to an urologist for follow up. The audit findings were discussed during clinical meetings and follow up audits were scheduled to demonstrate learning and improvement.
- There were a number of completed audits, but these were largely of staff understanding of policy rather than compliance, or of administrative processes associated with clinical care, and were not audits of clinical decision making/effectiveness of clinical care outcomes. There was evidence that cervical sampling adequacy audits had identified issues with a staff member's technique, and that this had led to improvement. The two cycle audit we saw regarding pathology results was an audit of the administrative process for dealing with pathology results, rather than an audit of clinical judgment/improved effectiveness related to results handling. There was an audit, repeated monthly, to check that blood test results had been correctly assessed and patients advised appropriately.
- The clinic was keen to carry out more audits and was in discussion with their patient information system developer about developing more extensive 'search' facilities to enable this.
- The clinic also verified compliance with national guidance through random audit and review of GPs consultations in annual appraisals.

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.

Good

Are services effective?

(for example, treatment is effective)

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, secondary care providers or the patient's usual GP.
- 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. 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.
- 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, secondary care providers or the patient's usual GP.
- 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.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider (e.g. their usual GP) for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

We rated caring as Good because:

- The service had systems and processes in place to ensure patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.
- Feedback we received from patients was wholly positive about the service.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat 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.

- Formal interpreter services were available for patients who did not have English as a first language, and there was a number of multi-lingual staff.
- Patients told us through comment cards and online feedback, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with patients in a way that they could understand, for example, staff knew how to access communication aids and easy read materials where necessary.
- The service's website provided patients with information about the range of treatments available including costs.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

- The service had good facilities and was well equipped to treat patients and meet their needs. The premises were not accessible, but people with impaired mobility were seen at another of the service's clinics.
- Information about how to complain and provide feedback was available and there was evidence systems were in place to respond appropriately and in a timely way to patient complaints and feedback.
- Treatment costs were clearly laid out and explained in detail before treatment commenced.

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. For example, the clinic had introduced a system to communicate test results speedily by secure email. The emails included an explanation of the results and advice as to any further action that had been arranged or that the patient should take.
- The facilities and premises were appropriate for the services delivered. The premises were not fully accessible, but patients who required level access were booked an appointment at the provider's other location.
- The service's own patient feedback data showed that patients' satisfaction with how they could access care and treatment was high. The service was keen to increase the number of patients who gave feedback. An action plan was in place and we saw that the rate of feedback responses had increased.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. We heard examples of test results received within hours and, where clinically necessary, patienmts transferred to secondary care on the same day as their appointment at the clinic.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- Information was available about organisations patients could contact if they were not satisfied with the way the service dealt with their concerns, although it was not included in all final responses.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. The clinic had introduced a monthly feedback report, so that all staff received timely feedback about the care they provided. One patient complained that they had been booked an appointment at the clinic although it did not have appropriate facilities for their needs. In response the clinic improved the training for non-clinical staff who booked appointments.
- Feedback was gathered mainly through an online survey, which asked patients to rate the clinic on a scale of 1 – 10. All feedback with a score below nine was treated as negative, and investigated as far as possible, to ensure that any lessons were learned. In response to feedback that the waiting room should have refreshments, the clinic provided fresh fruit and was getting a coffee machine.

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:

- The service had a clear vision to deliver high quality care for patients.
- There was a clear leadership structure and staff felt supported.
- The service had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of high quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, performance reviews and up to date training.
- The provider was aware of and had systems in place to meet the requirements of the duty of candour.
- There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents.
- incidents and sharing the information with staff and ensuring appropriate action was taken.
- The service had systems and processes in place to collect and analyse feedback from staff and patients.

Leadership capacity and capability;

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

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

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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,

Are services well-led?

Good

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

understood and effective. There were some information systems that were not fully up-to-date. We went sent information after the inspection about how this will be improved.
- 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.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, following patient feedback about the cleanliness of the facilities, the service introduced a system of informal checks throughout the day to monitor and respond to issues. When feedback did not improve, the provider introduced more frequent and more formal checks of the facilities including check sheets to record when checks had been carried out and actions taken. Following these changes, patient feedback improved.
- The service was working to increase the numbers of patients who provided feedback.
- Staff could describe to us the systems in place to give feedback, for example in meetings and informally through a number of methods. Staff told us that they were encouraged to suggest improvements, and that these were often implemented.
- 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.