

Harley Street Healthcare Clinic

Inspection report

104 Harley Street
London
W1G 7JD
Tel: 02079356554
www.harleystreet104.com

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe? 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 July 2021 – Inadequate)

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 Harley Street Healthcare Clinic on 10 February 2022 to follow up concerns identified at our previous inspection in July 2021. At our July 2021 inspection the provider was rated as inadequate overall, placed into special measures and served conditions for breaches of regulation 12 (safe care and treatment) and 17 (good governance). The provider was also issued with warning notices in respect of breaches of regulation 12 (safe care and treatment) and requirement notices for regulation 16 (receiving and acting on complaints). The concerns at our last inspection were that:

- The provider had not adequately assessed and addressed risks associated with infection prevention and control.
- There was expired medical equipment on site.
- Concerns that patients' queries raised during the consultation were not discussed with the patient, investigated or acted upon.
- Examinations were not being undertaken where clinically indicated.
- Concerns that test results were not acted upon.
- Concerns that patients were not referred back to their GP where appropriate.
- The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
- Clinical management plans had not been completed where required.
- Patient history was not documented or recorded.
- Concerns regarding the clinical decision making and lack of rationale to support certain decisions.
- There was no effective system in place to act on patient safety alerts.
- Not all staff were aware of the signs and how to respond appropriately to safeguarding concerns and staff had not received training regarding sepsis.
- The provider did not consistently provide written responses to complaints with information about how to escalate complaints if they were not satisfied with the provider's response

Harley Street Healthcare Clinic is a private general medical practice which offers a range of private services to patients such as routine medical checks, health screening, private prescriptions, adult immunisations, travel vaccinations and blood tests.

Overall summary

The lead GP 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.

Our key findings were:

- The service was carrying out weekly and monthly safety audits to improve and aid in patient safety, this included audits on emergency medicine and equipment, vaccine fridge monitoring, patient record keeping.
- A new electronic patient record keeping system was in place since the last inspection.
- Staff members has been on a prescribing course and patient history taking documentation course, to aid with their record keeping.
- There was now an effective system to manage safety alerts.
- The provider had adequately assessed and addressed risks associated with infection prevention and control.
- All staff had received role specific training, including safeguarding and sepsis awareness.
- The provider organised and delivered services to meet patients' needs.
- Patients could access care and treatment from the service within appropriate timescale for their needs.
- Feedback from patients who completed the providers internal feedback form was positive about the service and the way staff treated them.
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The areas where the provider **should** make improvements are:

- Continue to monitor and review quality improvement for patients.
- Consider installing a second thermometer for the vaccine refrigerator.
- Check policies/statement of purpose/audits and remove reference to any staff member no longer working at the service.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and a GP specialist advisor.

Background to Harley Street Healthcare Clinic

Harley Street Healthcare Clinic is a private general medical practice offering a range of services to patients such as routine medical checks, health screening, private prescriptions, adult immunisations, travel vaccinations and blood tests.

The service employs five members of staff which includes two (male), doctors who are registered with the General Medical Council GMC, a healthcare assistant (male), a Practice Manager and an administrator.

The service is delivered from 104 Harley Street, London, W1G 7JD. The clinic is a short walking distance from Regents Park and Great Portland Street stations on the London underground. There is paid off street parking available. A reception desk and waiting room is situated on the ground floor, which is shared with other services in the building and is operated by the premise's management service. The provider told us that all consultations were provided on the ground floor of the premises and administrative spaces were upstairs on the second floor.

The service is registered to provide the regulated activities of Diagnostic and screening procedures and the Treatment of disease, disorder or injury from this location to people over the age of 18 years. The clinic is open between 8am and 8pm Monday to Friday. Between 8pm and 10pm.

Monday to Friday and all-day Saturday and Sunday, the clinic can be accessed by telephone and email.

The service website address is www.harleystreet104.com. We visited Harley Street Healthcare Clinic on 10 February 2022. The team was led by a CQC inspector, accompanied by a GP specialist advisor. Before the inspection, we reviewed notifications received about the service, and a standard information questionnaire completed by the service. During the inspection, we interviewed staff, made observations and reviewed documents.

How we inspected this service

During the inspection we spoke to the registered manager and the administration staff. We reviewed a range of documents.

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

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

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

Are services safe?

We rated safe as Good because:

During the previous inspection, we found that infection prevention and control (IPC) processes demonstrated some risks. Not all staff were aware of safeguarding processes and we found expired equipment on site. From the records reviewed we found that medicine batch numbers were not consistently recorded. We also found that the rationale for prescribing certain medicines was not recorded and medication and allergy histories were not always taken. It was also unclear from looking at certain records if medication had been prescribed or if advice had been given and patients prescribed medicines were not consistently followed or safety netted. The service did not have an effective system that would enable them to take action based on patient safety alerts.

At this inspection we found there were no infection control issues, we saw cleaning schedules, infection control risk assessments and monthly audits. All staff we spoke with were aware of safeguarding processes, we also saw updated safeguarding policies and a safeguarding protocol displayed in the clinical room. All records we reviewed had a clear rationale for prescribing, we also saw weekly audits of patients' consultations and record keeping. With the new electronic recording system there was an effective system in place to manage safety alerts.

Safety systems and processes

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

- Since the last inspection we identified all previous safety concerns had been rectified, and patient's safety and quality of care had improved significantly. Since the last inspection the service had recruited a new registered manager and the provider had moved away from being paper based to being 100% electronic by installing a new electronic patient recording system. The system had templates, and mandatory fields to complete before a clinician could move onto another section. The provider informed us this was to support good clinical record keeping. The service also started using coding, so that audits could be run, and information retrieved accurately and efficiently. Since the last inspection staff members had attended training for documenting notes, all these factors contributed to the improvements seen on the day of the inspection.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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 informed us they did not see children and only saw patients over the age of 18. .
- We saw a range of risk assessments to aid in patient safety, including, infection control, COVID, Health and Safety, legionella and fire.
- 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).

Are services safe?

- 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. A safeguarding protocol was displayed in the clinical room, and all staff spoken to knew who the safeguarding lead was and understood how to raise a concern.
- We saw cleaning schedules, and infection control audits. The sharps bin was signed and dated. The provider had used an external company to undertake a legionella risk assessment.
- 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 patients 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.
- At the last inspection staff had not received training for identifying patients with sepsis, at this inspection we saw training certificates for all staff in relation to sepsis. We spoke with five staff members they 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

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

- At the last inspection we found that individual care records were not written and managed in a way that kept patients safe. At this inspection we found with the new electronic patient recording system and mandatory fields required to complete such as patient history, allergy information, the provider was now capturing information identified missing at the last inspection.
- 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 a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- At this inspection we found all medical equipment was in date and we saw the service was undertaking monthly audits of all medicines and equipment.

Are services safe?

- On the day of the inspection the service only had one thermometer. Public Health England guidance recommends a second thermometer. After the inspection the provider told us that they had now obtained and was using a second thermometer.
- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Since the last inspection the service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not use/prescribe any controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.

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.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. Significant events that we reviewed showed that the service had taken action in response to these events to prevent a similar incident occurring in the future. For example, we saw the service had discussed and learned from an incident where a staff member was feeling unwell with symptoms of flu and had turned up for work. This was discussed in the monthly all staff meeting, and staff were informed they should always inform the service, take a lateral flow test and isolate until results are confirmed.
- 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 could efficiently and easily find patients that could have been affected by safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

At the last inspection we found that clinicians did not always fully assess patient needs and deliver care and treatment in line with current legislation, standards and guidance. Also, clinical records did not always record all the required details of consultations. Although the provider now had a limited programme of quality improvement; it was evident from looking at clinical records that this was not sufficient to ensure improvement in the quality and safety of patient care.

At this inspection we found that all clinicians were now fully assessing patient needs to deliver care and treatment in line with current legislation. This had been aided by the implementation of the new electronic patient recording system. Clinicians had also attended patient recording clinical notes training sessions, as well as weekly patient note keeping audits with the submission of a monthly progress report to CQC.

Effective needs assessment, care and treatment

- The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).
- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. The provider was also a member of The Independent Doctors Federation (IDF) and followed their guidance.
- At the last inspection we found that patients' immediate and ongoing needs were not always assessed appropriately. For example, we saw a patient whose symptoms indicated that they needed a physical examination but did not have one recorded. At this inspection we found 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.
- At the last inspection staff told us arrangements were in place to deal with repeat patients, however patient records did not always record what reviews were carried out by the GP prior to a repeat prescription being generated. At this inspection we found arrangements were in place to deal with repeat patients. For example, all of the patient's history was recorded and reviews were clearly documented. In addition, the service was using a clinical and medication coding scheme which enabled them to easily retrieve information. This enabled the service to do detailed clinical audits and establish full searchable audit trails. We saw the service was regularly undertaking monitoring of patients they were seeing, and medication prescribed.
- At the last inspection we found the staff did not always undertake an assessment of patients' pain where appropriate. At this inspection we found staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- At the last inspection the provider had completed reviews which looked at prescribing and clinical consultation. Although these reviews enabled the provider to receive and provide feedback on the quality of individual consultations; it was evident from reviewing patient records that none of this activity had been sufficient to address deficiencies in record keeping and clinical practice which undermined the effectiveness and safety of the care and treatment the service provided

At this inspection we reviewed randomly selected patients' clinical records, which were audited weekly since July 2021 with a monthly report submitted to CQC and found no concerns.

Are services effective?

Since the last inspection we saw the practice had undertaken a range of audits including clinical consultation, prescribing medication, complaints, infection control, however all clinical audits were single cycle. When we raised this with the service, they explained that they have roll over audits, and in future will commence two cycle clinical audits.

- The service used information about care and treatment to make improvements. For example, we saw a range of audits including a flu vaccine audit, the service learning from this audit was to ensure a full set of contraindications and allergies was recorded in all patients notes. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals 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.

- At the last inspection we found doctors did not always ensure they had adequate knowledge of the patient's health, any relevant test results and their medicines history before providing care and treatment. We saw instances where the patient's own GP details were missing and full medical histories including medicines, previous illnesses and allergies had not been taken and that clinical records did not always record all the details of consultations which limited the effectiveness of information sharing with other organisations.
- At this inspection we found doctors were now recording adequate knowledge of patients' health and history. Also, with mandatory fields to complete on the patient system, they were now recording patients own GP information on all patient records, and also auditing consultations notes on a weekly basis. As a result they saw significant improvements in record keeping and patients notes.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- 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.

Are services effective?

- 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 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. We saw that since our last inspection, improvements in recording treatment options and potential risks had been effectively implemented.
- 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.

Are services caring?

We rated caring as Good because:

- At the last inspection we rated the service as good for providing a caring service, the service continued to provide a caring service.
- Since the last inspection the provider had reviewed accessibility of the service to visually impaired patients and was reviewing various apps that could be used by visually impaired patients as well as having discussions about how their website could be made more user friendly.
- Staff were bilingual and the provider had access to an interpreting service if needed.
- We found the service continued to gather feedback from patients and all feedback was positive, the service had updated their questionnaire to include customer satisfaction on the quality of clinical care patients received, this was all positive.

Kindness, respect and compassion

Staff treated treat patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The service informed us that after each consultation the patient would be emailed a patient satisfaction questionnaire.
- 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.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- The service undertook their own patient satisfaction survey, patients reported that staff were professional and friendly, and that the service meet their required needs.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, through the use of communication aids.

Privacy and Dignity

The service respected respect 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.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, patients could contact the service out of hours (after 8 pm) via telephone or email, which was managed by the practice manager until 10 pm between Monday to Friday and all-day Saturday and Sunday. There was an out of hours number signposted on the provider website for patients.
- The facilities and premises were appropriate for the services delivered.
- There were facilities in place for people with disabilities and for people with mobility difficulties.

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.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.
- The service provided examples where they had learnt lessons from complaints and made changes to their service provision to prevent similar issues arising in the future.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- At the last inspection patients did not receive a written response to formal complaints with details of organisations patients could escalate their complaints to if they were unhappy with the service's response.
- At this inspection the service had updated their complaint policy and procedure and now included details of who complaints could be escalated to, if a patient was not satisfied with the providers response. We saw the complaints procedure was displayed in the reception area, as well as on the service website. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

At the last inspection we found that leadership capacity, monitoring processes, governance arrangements and approach to continuous improvement had not sufficiently improved since the previous inspection and the service was unable to be assured that safe and effective care were being provided.

At this inspection we saw a range of improvements including a new electronic patient records system, new leadership, updated processes and procedures, regular monitoring in terms of audits, and minutes of all staff monthly meetings with included discussion of complaints and serious incidents.

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, for example the limitations of the paper-based patient recording system and implementing the new electronic system, this helped with ensuring that the service provided was safe and effective.
- Staff told us that management were visible and approachable
- 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.
- The service developed its vision, values and strategy jointly with staff and external partners
- 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.

Are services well-led?

- There were processes for providing all staff with the development they needed. 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. 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, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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.
- On the day of the inspection the service only had one thermometer. After the inspection the provider told us that they had now obtained and was using a second thermometer.
- 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.
- 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.

Managing risks, issues and performance

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

- With the implementation of the electronic patient recording system there was now an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Also, with the monthly audits that the practice had implemented doing since the last inspection this also helped with providing safe and effective care. The audits included a weekly clinical record review, with a monthly submission report to CQC. In addition, there were audits looking at various medicines prescribed, infection control, complaints, and patient consultations. However, all clinical audits were single cycle. When we raised this with the service, they explained that they have roll over audits, and in future will commence two cycle clinical audits.
- 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. With the new patient recording system leaders now 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.

Are services well-led?

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.
- Some policies, the service statement of purpose and an audit made reference to staff members no longer working at the service, after the inspection the provider told us these documents had been updated.

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, the practice manager was involved in designing the questionnaire that was emailed out to all patients after each consultation.
- There were systems to support improvement, for example since the last inspection the provider had become paperless all consultations records were electronic, and the service had implemented using a clinical and medication coding scheme. The service was undertaking regular audits. All policies had been reviewed and updated.
- Staff could describe to us the systems in place to give feedback. For example, staff showed us how patients could use the website to provide feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. Since the last inspection all staff had completed role specific training, including Sepsis awareness, which had not been completed at the last inspection.
- The service made use of internal and external reviews of incidents and complaints. We saw minutes of all staff meetings where incidents and complaints were discussed, and 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.