Citydoc Medical Limited

Citydoc Moorgate

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 15 May 2018 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.

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.

Citydoc Moorgate provides travel vaccinations, sexual health services and doctor consultations to the whole population.

The medical director 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.

Eleven people provided feedback about the service.

Our key findings were:

- The service had systems and processes to minimise most risks to patient safety.
- The service had adequate arrangements to respond to medical emergencies.
- There was a process for reporting and investigating significant events and incidents, however the provider did not hold clinical meetings where these could be discussed.
- Staff received essential training, and adequate staff recruitment and monitoring information was retained.
- There was evidence of quality improvement activity.

Summary of findings

- Patient feedback indicated that staff were caring and courteous and treated them with dignity and respect.
- The service responded to patient complaints in line with their policy.
- The service had good facilities and was equipped to treat patients and meet their needs.
- There were systems in place to collect and analyse feedback from patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

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

- Review the contents of the service website to ensure the correct opening hours are displayed and consider including information about how to access GP services when the service is shut.
- Ensure that recently introduced processes to check the identity of patients registering with the services and to ensure that adults attending with a child have parental responsibility to consent to care and treatment, are cascaded to all staff.
- Ensure that arrangements in place to monitor the quality of pathology sample-taking by individual clinicians are shared with staff across each of the service's locations.
- Consider holding regular clinical meetings where clinicians can discuss learning from significant events and updates in current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Ensure that the service's policy around data security and information management, including those in place to govern email usage, is cascaded to all staff.
- Review arrangements in place to contact patients who may require booster vaccinations or additional courses of treatment.
- Consider carrying out an assessment of the risks associated with providing a nurse only service every Wednesday.

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?

If all regulations being met state:

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

- There were systems and processes in place to keep patients safe and safeguarded from abuse. All clinical staff had undertaken safeguarding training relevant to their role.
- We observed the service premises to be clean and there were systems in place to manage infection prevention and control (IPC), which included a recent IPC audit.
- There were arrangements in place to respond to medical emergencies.
- There were safe systems and processes in place for the prescribing and dispensing of medicines.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not check the identification of patients on registering with the clinic and did not have procedures to ensure that adults attending with a child had parental responsibility to consent to care and treatment. After the inspection, we received evidence showing that a process had been put in place.

Are services effective?

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

- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was some evidence of quality improvement activity.
- There were formal processes in place to ensure staff received an annual appraisal. Clinicians underwent annual external professional appraisal with the designated body of membership and all had a date for revalidation in the next three years.

We found areas where improvements should be made relating to the effective provision of treatment. This was because the provider did not seek written consent from patients prior to carrying out cryotherapy treatments.

Are services caring?

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

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and involved in decisions about their care and treatment.
- All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced.
- We observed that staff were courteous and very helpful to patients and treated them with dignity and respect.
- Systems were in place to ensure patients' privacy and dignity was respected.

Are services responsive to people's needs?

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

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs. Appointments were usually available the same day.
- The premises and facilities were appropriate for the services delivered.
- Staff told us that they had access to interpreting services for those patients whose first language was not English.

Summary of findings

- There was a complaint resolution procedure, which set out the process and management of complaints in line with the clinics complaints policy.

We found areas where improvements should be made relating to the responsive provision of treatment. This was because the provider did not make patients aware of out of hours GP services and the website displayed opening hours for Sundays, even though the location was closed on Sundays.

Are services well-led?

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

- There was a clear vision and a set of values for the service.
- There was a management structure in place and staff were aware of their own roles and accountabilities.
- There were systems in place to collect and analyse feedback from patients.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty

We found areas where improvements should be made relating to the well-led provision of treatment.

- There were clinical governance and risk management structures in place, however improvements were needed in the systems for managing significant events to ensure that learning from incidents was shared across the organisation.
- There was no system in place to regularly identify updates in current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and incorporate them into practice.

Citydoc Moorgate

Detailed findings

Background to this inspection

Citydoc Moorgate is situated at 16 City Road, London, EC1Y 2AA and is part of a national provider of private healthcare services. It is one of three central London GP clinics. The clinic consists of one consultation room and a reception area, waiting room and staff room which is shared with a co-located dental practice.

The clinic provides travel vaccinations (including anti-malarials, yellow fever and typhoid), children's vaccinations (including chicken pox, group B meningitis and BCG vaccines), sexual health screening, GP consultations and blood tests.

The opening hours are Monday to Friday 9am to 6pm and Saturdays 10am to 4pm. The clinical team comprises of a male doctor who is the registered manager, a female doctor and a nurse. The male doctor provides sessions on Mondays, Tuesdays and Thursdays, the female doctor provides sessions on Fridays and Saturdays and the nurse provides sessions every Wednesday. The service employs a receptionist who provides a meet and greet service for walk-in patients, processes payments and carries out chaperoning duties if needed. The clinic has over 1,000 registered patients and consults up to 200 patients a month.

The inspection team was led by a CQC inspector and included a GP specialist advisor.

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.

Safety systems and processes

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

- The provider had systems to safeguard children and vulnerable adults from abuse. There was a lead member of staff for safeguarding and clinical staff, including nurses, were trained in safeguarding children and adults to level 3. Non-clinical staff had received safeguarding training to an appropriate level. Safeguarding policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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.
- 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 (IPC). There was an IPC protocol and staff had received up to date training. Regular IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There were systems for safely managing healthcare waste.
- There was a health and safety policy and the service had undertaken risk assessments to monitor the safety of the premises, including substances hazardous to health, legionella and water hygiene. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence of the most recent portable appliance test (PAT) and medical equipment calibration tests completed in the last 12 months.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Clinical staff understood their responsibilities to manage emergencies on the premises and they had received annual basic life support training.
- The management company for the premises was responsible for arranging annual health and safety and fire risk assessments and we saw the records for this. This included annual fire drills for the premises. There were also a variety of other risk assessments in place to monitor safety of the premises such as a legionella assessment.
- The clinic had a comprehensive business continuity plan in place for major incidents such as power failure and building damage.
- Clinical staff had appropriate indemnity insurance in place and they were registered with the appropriate regulatory bodies.
- The provider did not have a policy of policy requiring patients to provide identification when registering with the service and this had not been risk assessed, for instance in regard of safeguarding concerns or statutory duties to report notifiable diseases.
- There was no system in place to ensure that adults accompanying child patients had the authority to do so. We discussed this with the provider who told us that this had been identified as a concern during a very recent CQC inspection at another of the provider's locations. The provider told us that following that inspection, they had already started to write a standard operating procedure around this and would be embedding it in practice in all locations. After the inspection, we were provided with details of the procedure and evidence which showed that it had been shared with staff.
- There was a process in place for managing pathology tests and results processed through an independent clinical laboratory diagnostic service. Test results received were reviewed and actioned by clinicians in a timely way. However, there was no failsafe system in place to ensure that a result was received for every test taken and because the service did not carry out identity checks on patients registering, the service could not be assured that it could contact patients when test results were abnormal. We also noted that the doctor referring a patient for a pathology test was responsible for

checking the result of the test, however there was no oversight process in place to ensure that all tests had been checked or that patients had been informed. We discussed this with the service and were told that a protocol would be developed which would include steps to ensure that pathology tests were managed. After the inspection, the service provided us with a standard operating procedure for pathology and this included details of a buddy system to ensure that all results were reviewed.

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.
- Patients care records were kept secure, only accessible to staff through an encrypted computer system which was password protected. Information was stored on an external server managed by a professional company. However, we noted that one member of staff accessed patient identifiable information using an email system which had did not have the appropriate security protocols in place to ensure confidentiality.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. There was a dedicated vaccine storage refrigerator with an integral thermometer. Records we reviewed demonstrated daily monitoring of the minimum, maximum and actual temperatures, with none falling outside the normal operating ranges for vaccine storage.
- There were systems in place to check the expiry date of all medicines stocked in the practice. All the medicines we checked were in date.
- The provider had adopted Patient Group Directions (PGDs) authorised by the clinician to allow the nurse to administer travel vaccines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- The clinic operated a dispensing service with a limited supply of medicines (antibiotics and anti-malarials). There were no controlled medicines stocked. Dispensary medicines were stored in a secure area, in a locked cupboard with controlled access. There were standard operating procedures in place for the ordering, prescribing, dispensing, storing and record management of dispensary medicines. The service, dispensed medicines in the manufacturer's original packaging complete with the patient information leaflet. All medicines were dispensed with the appropriate label and by the prescribing clinician, or by the nurse through Patient Specific Directions (PSDs) authorised by the clinician. (PSDs are written instructions from a prescriber for the supply or administration of medicines to individual patients).
- Private prescriptions were generated from the electronic patient record system with the name and address of the practice, and were signed by the prescribing clinicians before issue. The provider kept prescription stationery for controlled drugs securely.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety and fire risk assessments, where completed for the premises.

Lessons learned and improvements made

There was evidence that the clinic learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The provider had recorded six significant events at the location in the previous twelve months and we saw evidence that these had been investigated and

learning points identified and shared and that actions had been taken to mitigate against the risk of the incident happening again. For instance, we saw details of an occasion when a pathology sample had been incorrectly labelled which meant that there had been a delay providing the patient with results of a blood test. As a result of this incident, the provider had developed a written Standard Operating Procedure to manage pathology samples and we saw that this had been shared with everyone who worked at the location. The patient concerned was contacted and received an apology and an explanation.

- Staff were able to cite examples of patient and medicine safety alerts they had acted on. There was an effective system in place to receive and act on them.
- There were no clinical meetings where clinicians could discuss learning from significant events, clinical updates or other clinical matters.

The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider did not have an overarching system in place to identify updates in current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and incorporate them into practice. We were told that individual clinicians received updates directly but there was no process in place to ensure that updates were being read and understood or had been used to improve practice. We noted that the overwhelming majority of consultations undertaken at the location involved immunisations, vaccinations or sexual health. This meant there was a risk that clinicians could become de-skilled around diagnosing and treating other conditions, including long term conditions and mental health conditions. We looked at one consultation note for a patient who had attended for a mental health condition and although they were prescribed an appropriate medicine, we noted that there had been no use of a scoring tool or other screening methodology to diagnose or asses the severity of the patient's condition.

There was some evidence of attendance at external educational meetings and shared learning. For example, we saw evidence that clinicians had attended meetings on the current NICE guidance for Irritable Bowel Syndrome and Ear, Nose and Throat updates. However, recent updates were not always accessed. For example, the clinician we interviewed was not aware of recent NICE guidance from July 2017 on the faecal immunochemical test (FIT) test recommended for patients at risk of developing bowel cancer. We also found that the guidance followed by the clinicians for antibiotic prescribing was not up to date.

Monitoring care and treatment

The provider could demonstrate some quality improvement activity with some evidence that they reviewed the effectiveness and appropriateness of the care provided. For example, the provider had undertaken an audit around the effectiveness of cervical smears carried out in each of the provider's registered locations. During the first audit cycle, the service identified one patient that should have been referred to a gynaecologist. As a result of this, the provider had carried out a review of the process used to manage cervical cytology testing and had found that each clinician was managing the process differently. The provider had developed a new protocol to manage cervical screening and this was shared with all clinicians. The provider had carried out a second audit cycle and this showed that all clinicians were now following the same process. However, we noted that the provider did not have a process in place to monitor the quality of sample-taking by individual clinicians.

Effective staffing

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

- Each of the doctors had a current registration with the General Medical Council (GMC) and held a license to practise. Each doctor underwent annual external professional appraisal with the designated body of membership and all had a date for revalidation in the next three years. (All doctors working in the United Kingdom are required to follow a process of appraisal and revalidation to ensure their fitness to practise).
- The nurse had a current registration with the Nursing & Midwifery Council (NMC) and followed the required appraisal and revalidation processes. The provider supported staff to meet the requirements of revalidation through the provision of protected time to attend professional development days.
- The provider could demonstrate completion of role specific training for relevant staff. For example, the nurse could demonstrate how they stayed up to date with changes to travel vaccinations and cervical cytology.
- There was an induction programme for newly appointed staff.
- The nurse received an annual appraisal and completed training including fire safety awareness, infection control, chaperone, and information governance. All clinical staff received safeguarding and basic life support training.

Coordinating patient care and information sharing

- Processes were in place to ensure test results were reviewed by clinicians in a timely manner and results were shared with patients without delay. However, we noted there was no failsafe system in place to ensure that a result was received for every sample taken. We

Are services effective?

(for example, treatment is effective)

discussed this with the provider and after the inspection we were provided with evidence that such a failsafe system had been put in place and this had been briefed to all staff working at the provider's locations.

- The service made referrals to secondary care in a timely manner and patients where given the option of a referral to either private or NHS specialist care. Most of the referrals made were to the private sector.
- The provider had systems in place for seeking consent to share information with the patient's NHS doctor, if applicable. The service would notify the NHS doctor if the patient consented. The service captured details of a patient's NHS doctor at the point of registration.

Supporting patients to live healthier lives

The doctor told us that they provided patients with health advice following blood tests, sexual health screening and before travel. However, some of the travel vaccinations available at the location had an effective period of three years and we noted that the provider did not have a process in place to contact patients to remind them when booster vaccinations were due. This meant there was a risk patients might undertake travel under the incorrect assumption that they still had full immunity.

Consent to care and treatment

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

- Clinicians supported patients to make decisions by providing information about treatment options and costs.
- At the time of the inspection, there was no system in place to ensure that adults accompanying child patients had the authority to do so and that consent to care and treatment was authorised by the child's parent or guardian although we were told the provider was aware of this concern and would be implementing a protocol to ensure this check was undertaken shortly after the inspection. After the inspection, we were provided with evidence which showed this protocol had now been put in place.
- At the time of the inspection, the provider did not seek written consent from patients prior to carrying out cryotherapy treatments, however, shortly after the inspection, we saw that this had been addressed and an appropriate form had been developed and made available to all clinicians carrying out this treatment.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- During our inspection, we observed that members of staff were courteous and very helpful to patients when in attendance at the clinic.
- Staff we spoke with demonstrated a patient centred approach to their work and with this also reflected in patient feedback.
- We received 11 comment cards completed by patients that were all very positive about the service experienced. Patients described that the practice offered a good service and that staff were very efficient, considerate, and kind.
- Results from the clinics patient satisfaction survey for 2018 showed that patients responded positively about the kindness, courtesy and helpfulness of staff.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and treatment.

- Results from the clinics patient satisfaction survey for 2018 showed that patients responded positively about their involvement in the care and treatment they received. This included positive responses to questions about the time and attention afforded to patients during consultations and clarity of information provided by clinicians. Patient feedback from the comment cards we received was also positive and aligned with these views.
- Standard information about consultation costs and fees for additional services was available on the clinic website and in the patient information leaflet. The service informed patients on an individual basis, about the cost of blood tests, vaccinations and prescriptions depending on the type.
- Translation services were accessible to support patients who did not have English as a first language.

Privacy and Dignity

The clinic respected and promoted patients' privacy and dignity.

- The consultation room was arranged in a way to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The consulting room door was closed during consultations and conversations taking place could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- The service was located in a basement setting which meant it was not easily accessible for some patients with mobility issues. The service told us patients who were unable to access this location were offered appointments at one of two other locations owned by the provider, which were fully accessible.
- Information about the clinic, the services offered and financial costs, was provided on the practice website and at reception.

Timely access to the service

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

- The service operated from 9am to 6pm Monday to Friday and 10am to 4pm Saturdays. Fifteen-minute consultation appointments were available throughout the day with longer appointments available whenever necessary. The service accommodated same day appointment requests through a walk-in service. Patients with the most urgent needs had their care and treatment prioritised.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use with appointments bookable by phone or through the clinic website.
- There were no out of hours arrangements in place other than NHS 111. However, it was not advertised to patients through the clinic website, information leaflet or the answerphone system.

Listening and learning from concerns and complaints

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

- There was a complaint resolution procedure, which set out the process and management of complaints in line with the clinics policy. This included details of the adjudication bodies where patients could send unresolved written complaints for review along with the processes involved. The registered manager was the designated person to handle complaints received.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed these and found they were satisfactorily handled in a timely way.
- The clinic acted as a result of complaints to improve the quality of care. For example, a complaint about a delayed test result was investigated and a change of practice implemented to prevent recurrence.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

The clinic was led by a male clinician who was the medical director and the registered manager.

- The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

There was a clear vision and a set of values for the service, although there was no formal strategy or supporting business plans to deliver this vision.

Culture

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

- The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and were encouraged to do so.
- Staff stated they felt respected, supported and valued. They told us they were proud to work at the service and felt like part of a family.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Governance arrangements

There was some evidence of systems in place and lines of accountability to support good governance management. However, improvements were necessary:

- The provider held quarterly governance meetings which were minuted. However, there was no evidence that clinical meetings, team education meetings or complaints, significant events and audit review meetings took place. We were told that staff meetings were informal.
- There was no system in place to regularly identify updates in current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and incorporate them into practice.
- During the inspection, we noted that one clinician was using an insecure email system to transmit patient identifiable information. When we pointed this out, the clinician understood the concern immediately and undertook to stop using this email system for patient related correspondence with immediate effect.
- There was a clear staffing structure and staff we spoke with were aware of their own roles and accountabilities, including in respect of safeguarding, infection control and reporting of incidents.
- The provider had policies and procedures to support the operational management of the practice and to protect patients and staff. Policies were subject to regular review and updated when necessary.

Managing risks, issues and performance

There was some clarity around processes for managing risks, issues and performance. However, improvements were necessary:

- The provider's website advertised that walk-in appointments were available every day between Monday and Friday but did not make it clear that there was no GP available at this location on Wednesdays. The provider told us that patients who wished to see a GP were directed to one of two other locations operated by the provider. This meant there was a risk that patients whose conditions were acute could visit the service and experience a delay in receiving the appropriate care and treatment, however, the provider had not carried out carried out an assessment to understand or mitigate against this risk.
- There was an effective, process to identify, understand, monitor and address current and risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.

Are services well-led?

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

- There was some evidence of quality improvement activity and action to change practice to improve quality.

Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data records and data management systems.
- Staff were aware of the importance of protecting patients' personal information.

Engagement with patients, the public, staff and external partners

- The clinic encouraged feedback from patients and had a system to gather patient feedback on an on-going basis. The provider had carried out a patient satisfaction survey and had analysed the results.
- The clinic engaged with staff through appraisal and informal discussion. Staff told us the provider was receptive to their feedback.