Bupa Occupational Health Limited

Bupa Health and Dental Centre - Chancery Lane

Inspection report

123 Chancery Lane
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Overall summary

We carried out an announced comprehensive inspection on 12 November 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.

Start this section with the following sentence.

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.

Bupa Health and Dental Care – Chancery Lane provides GP consultations, health assessments, dermatology and musculoskeletal services. This inspection focused on GP consultations, independent health assessments and dermatological procedures, including mole removal. The

provider, at the same location, has an in-house dental suite offering preventive, specialist and cosmetic dental and hygienist services. The report of the dental services, which was inspected on the same day, can be found by selecting the 'all reports' link for Bupa Health and Dental

Centre - Chancery Lane on our website at www.cqc.org.uk.

As part of our inspection, we asked for CQC comments cards to be completed by patients during the two weeks prior to our inspection. We received a total of nine comment cards, all of which were positive about the

Summary of findings

service experienced. Patients commented that the staff were friendly, pleasant, courteous and professional; many patients reported that they were treated with dignity and respect.

Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The service had systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns. All staff had received safeguarding training relevant to their role.
- Clinical staff we spoke to were aware of current evidence-based guidelines and they had the skills, knowledge and experience to carry out their roles.
- There was evidence of quality improvement, including clinical audit.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Consent procedures were in line with legal requirements.
- Systems were in place to protect personal information about patients.
- Patients could access care and treatment from the centre within an appropriate timescale for their needs.
- The service proactively gathered feedback from patients and staff.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Review Infection Prevention and Control (IPC) training provided for non-clinical staff and enhanced training for the IPC lead for the service.
- Review the policy to identify and verify a patient's identity prior to consultation.
- Review arrangements in place to ensure reasons for not following your local policy is recorded in patients' notes.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Bupa Health and Dental Centre - Chancery Lane

Detailed findings

Background to this inspection

Bupa Health and Dental Care – Chancery Lane operates at 123 Chancery Lane, London, WC2A 1PP and is one of the six locations based in London. The provider is registered with the CQC to carry out the regulated activities diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures. The service provides private GP-led consultations, health assessments, dermatology and musculoskeletal services. The provider has an in-house dental suite offering preventive, specialist and cosmetic dental and hygienist services at the same location. Some of the services are provided under corporate healthcare and employment arrangements or medical insurance, although there are patients who pay for their own private healthcare. Patients can be referred by the provider to other services for diagnostic imaging and specialist care. The service website can be accessed through the following link:

www.bupa.co.uk/health/health-assessments/our-centres/chancery-lane

Bupa Health and Dental Centre – Chancery Lane is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of services and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some of the services available at Bupa Health and Dental Centre – Chancery Lane are exempt by law from CQC regulation. Therefore, we were only able to inspect the regulated activities as part of this inspection.

The service offers pre-bookable face-to-face private GP, dermatology and health assessment appointments for adults over the age of 18. The service is open from 7.30am to 6pm on Monday to Friday and closed on weekends. The provider informed us that they see around 900 patients each month across all the services they offer.

Patients requiring advice and support outside of those hours are advised to use the NHS 111 service. The service does not manage the ongoing care and review of patients with long-term conditions as part of its GP services.

The centre manager was responsible for the day-to-day running of the centre and was supported by a lead GP and a health advisor and administration team manager. The team included four health advisors, a health advisor team manager and three administration staff. The service engaged 10 regular sessional GPs, one sessional dermatologist and one musculoskeletal practitioner.

The inspection of the health services was led by a CQC lead inspector who was accompanied by a GP specialist advisor and a practice manager specialist advisor.

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection we spoke with the centre manager, lead clinician, a GP, health advisor manager, health advisor, property manager and administration staff. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses, patient survey results and complaints.

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

- Is it safe?

Detailed findings

- 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 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. 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. Policies were regularly reviewed and were accessible to all staff, locums. They outlined clearly who to go to for further guidance.
- The provider only saw patients aged 18 and over at this location. There was a lead for safeguarding and all staff we spoke to demonstrated they understood their responsibilities if they had any safeguarding concerns. All staff received safeguarding training relevant to their role.
- 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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- Recruitment and recruitment checks were co-ordinated at an organisational level. We reviewed five personnel files and found that the appropriate checks had been undertaken prior to employment. For example, proof of identification, written references, professional registration, indemnity and appropriate DBS checks. During the inspection the provider was not able to show us some recruitment records for the staff we looked at and informed us that they were centrally held; however, the provider sent copies of the centrally held records the day following the inspection.
- We observed the premises to be clean and tidy. There was a system in place to manage infection prevention and control (IPC). The service had an IPC policy in place, which was accessible to staff, and undertook six monthly IPC audits. The Health Advisor Team Manager was the nominated IPC lead but had not undertaken any enhanced training to support them in this extended role. After we raised this issue with the provider they told us that the IPC lead would be receiving further training on 7 Feb 2019 and sent us evidence to support this. We saw that clinical staff had undertaken IPC training as part of provider's mandatory training schedule but this did not include non-clinical staff. After the inspection the provider informed us that IPC training had been added to the mandatory training requirements for non-clinical staff.
- The service had completed a legionella risk assessment in May 2018 and had acted on the recommendations following the risk assessment.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Maintenance was overseen by a property manager and we saw evidence of comprehensive maintenance schedule which included lift, fire alarm warning system and fire-fighting equipment. We saw evidence that the fire alarm warning system was tested on a weekly basis and fire evacuation drills were undertaken every six months.
- There were systems for safely managing healthcare waste.

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. The health assessors received a comprehensive induction programme for two weeks and the health assessors we spoke to said it was very useful.
- 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.
- The service had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines. All staff received annual basic life support training.

Are services safe?

- There was defibrillator, medical oxygen and emergency medicines appropriate to the service and we saw these were checked regularly.
- There was a panic alarm system in each consulting room.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which included contact details of staff.
- 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. Doctors had professional indemnity insurance that covered the scope of their private practice.

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. Patient records were stored securely using a bespoke clinical system with password protected access for staff appropriate to their role. 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 policy and system in place to manage pathology results and we saw these were actioned in a timely manner. The service undertook near-patient blood testing (an investigation taken at the time of the consultation with instant availability of results to make immediate and informed decisions about patient care) which included haemoglobin, blood glucose and cholesterol testing. For any results of concern, a blood sample was sent to a professional laboratory for further analysis.
- As part of the health assessments the health advisors did investigations including blood pressure, electrocardiography, urine dip stick test, blood test and exercise testing. The health advisors we spoke to informed that any abnormal test results were immediately escalated to the doctor in charge on site and appropriate referrals were made as necessary.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The service did not have a formal process or protocol in place to identify and verify a patient's identity at the start of the first and subsequent consultations. The provider told us the majority of its patient appointments were arranged under corporate healthcare, employment arrangements or medical insurance where identity was verified. The provider did not see patients under the age of 18 years of age. Reception staff we spoke to indicated that they ask for the patient's full name and date of birth when they check in.
- The service had systems in place for seeking consent to share information with the patient's NHS GP, if applicable.

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 emergency medicines and equipment minimised risks. All private prescriptions were processed electronically and signed by the prescribing doctor. Processes were in place for checking medicines and staff kept accurate records of medicines.
- 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. The service did not prescribe any controlled drugs.
- The service carried out antimicrobial prescribing audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not stock any medicines requiring refrigeration. However, reagents used in near-patient blood testing were stored as per manufacturer's instructions between two and eight degrees Celsius.

Track record on safety

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.

Are services safe?

- The service maintained an electronic log of all incidents and complaints.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was an electronic 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 was an incident policy and all categories of incidents were recorded on its incident reporting and risk management software. All incidents were given a risk rating and were appropriately dealt with.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- Staff we spoke with told us the service encouraged a culture of openness and honesty. They were aware of the requirements of the Duty of Candour, had access to the policy and guidance on the organisation's 'speak up' initiative which enabled staff to use a confidential hotline to raise a concern.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology. For example, a patient requested a blood test to determine their blood group and the request was printed on a label which delayed the patient's blood test; the correct procedure was that the request must be handwritten. The service investigated this incident and took the necessary action. Following this incident, the service contacted the patient explained the reason for the delay and apologised. This incident was referred to their regional office and an e-mail was sent to all locations alerting staff that all requests for blood group tests must be handwritten.
- They kept written records of verbal interactions as well as written correspondence.
- 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. The service maintained an alerts log, however, actions undertaken for relevant medicines and safety alerts were not recorded. After we raised this issue with the service, they updated their alerts log to allow recording of actions undertaken and sent us evidence to support this the day following the inspection.

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 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 such as the, National Institute for Health and Care Excellence (NICE).

- The provider recorded patient information and consultation outcomes on a bespoke clinical system. We reviewed examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clinical pathways and protocols.
- 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 was actively involved in quality improvement activity, including two-cycle clinical audits.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, the service undertook a clinical audit to ascertain if Prostate Specific Antigen (PSA) blood test results indicating prostate cancer were managed appropriately; according to their policy patients must be phoned before abnormal results were sent to the patients and their regular GPs. In the first cycle of the audit (February to April 2018) the service found seven patients with abnormal PSA results; one patient was known to have raised PSA and a clinical decision was made not to contact them. Telephone contact was made with four out of six remaining patients and GP letters were sent to consenting patients; their local procedure was followed in all seven cases. In the second cycle of the audit (July to August 2018) after changes had been implemented including updating their results management policy (patients should be called twice before results letter is sent out) the service found seven patients with abnormal PSA results; one patient's PSA was lower than last year and a clinical decision was made not to contact them. Telephone contact was made for five out of six remaining patients and GP letters were sent to consenting patients; for the patient who was not reachable, one telephone contact attempt was made and their updated policy was not followed. The service had plans to re-audit to ascertain any improvement.
- GPs we spoke with told us they undertook their own cervical screening outcome audits.
- The service routinely undertook notes reviews and provided feedback to clinicians and we saw evidence to support this.
- The service has systems in place to monitor and follow-up on pathology results.

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 tailored to individual roles and included an overview of organisational structure, vision and core values, infection prevention and control, health and safety, fire safety, fire awareness and safety, and accident and incident reporting and resuscitation procedure.
- Clinical staff were registered with appropriate professional body, for example, 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.
- The provider maintained up-to-date records of training for both employed staff and sessional GPs. The provider had a bespoke web training platform where staff completed their mandatory training. Mandatory training for staff included Information matters in Bupa, safeguarding vulnerable people, display screen equipment, basic life support, fighting financial crime, risking it, staying safe at Bupa (fire safety, health and safety and manual handling), managing conflict of

Are services effective?

(for example, treatment is effective)

interest, infection prevention and control, anaphylaxis, risk management essentials, anti-bribery and corruption, Bupa code and information security and privacy matters.
- The service provided staff with ongoing support which included clinical supervision, appraisals and clinical meetings.

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. They had referral pathways for cancer (prostate and breast), cardiology, dermatology and diagnostics.
- 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 and shared information for patients who had provided consent.
- The service had systems and processes in place for referring patients with suspected cancer under the national two-week wait arrangements. However, we found that one patient with suspected cancer had not been followed up according to their local policy. After we raised this issue the lead clinician followed up with this patient and the clinician in charge and found that the clinician in charge was aware of this patient and the patient had made the necessary referral appointment.

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. We saw that patients had access to confidential help lines, for example, mental health and wellbeing.
- Health screening packages, designed for different age groups and gender, were available to patients and included an assessment of lifestyle factors. The service offered female health check, mature health checks, breast health check, advanced fitness test, coronary health check and colon health check.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. Patients were able to access an individual and personalised health portal to review their results and health screening report. The portal included videos, articles and coaching to achieve health goals, for example, weight loss. Patient feedback data following health screening assessment showed that 82% of patients felt they had changed their lifestyle for the better and 75% said they had seen an improvement in their health and wellbeing.
- Patients were encouraged to undergo regular health screening such as breast and cervical screening.
- Where patients need 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.
- We were told that any treatment, including fees, was fully explained to the patient prior to the procedure and that people then made informed decisions about their care. There were patient brochures available which outlined the services offered and associated cost.

Are services caring?

Our findings

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

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.
- We were unable to speak with patients on the day of the inspection. However, we received a total of nine comments cards, all of which were positive about the service experiences. Patients commented that the staff were friendly, pleasant, courteous and professional; many patients reported that they were treated with dignity and respect.
- The provider regularly sought feedback from patients on how likely they would recommend the service on a scale of zero (not at all likely) to 10 (extremely likely). We saw that for the period October 2018, 95 patients had given feedback of which 87% has rated the service a score of between eight and 10. The service called all patients who rated the service between zero and six to follow-up on their issues or concerns and addressed them.

Involvement in decisions about care and treatment

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

- The service gave patients clear information to help them make informed choices which included the cost of services.
- Interpretation services were available for patients who did not have English as a first language. Staff we spoke to knew how to access this service.
- Patients told us through comment cards, 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.
- There was an induction hearing loop available to aid those patients who were hard of hearing.

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.
- Arrangements were in place for a chaperone to be available, if requested.
- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments. Staff informed us that modesty covers were used for patients during electrocardiography.
- The service had data protection policies and procedures in place and there were systems to ensure that all patient information was stored and kept confidential. The service had acted in accordance with General Data Protection Regulation (GDPR). We saw evidence that staff had undertaken training and had access to guidance. The service was registered with Information Commissioner's office (ICO) which is a mandatory requirement for every organisation that processes personal information.

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 relevant regulations.

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, following patient feedback the service started to offer a range of snacks and drinks for patients in the waiting area and health assessment lounge; the pre-assessment questionnaire had been revamped to make it shorter and avoid repetition of data entry for returning patients.
- The facilities and premises were appropriate for the services delivered.
- All patients presented to the reception were checked in. Patients were collected personally by clinical staff from the waiting area. There were two waiting areas for patients and they had drinks and snacks for patients in these waiting areas.
- Information about the service portfolio was on the provider's website and within a selection of patient leaflets, which included a breakdown of associated costs.

Timely access to the service

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

- The service offered pre-bookable face-to-face GP and health assessment appointments for adults over the age of 18. Appointments could be booked online or by telephone.
- The service is open between 7:30am and 6pm Monday to Friday.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.

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. Staff treated patients who made complaints compassionately.
- The complaints information available for patients included information for patients of any further action that may be available to them should they not be satisfied with the response to their complaint. However, this information was not included in the final response letter sent to the patients.
- The service had complaint policy and procedures in place. This included timeframes for acknowledging and responding to complaints with investigation outcomes.
- There was a designated responsible person to handle all complaints.
- The service recorded both written and verbal complaints, of which there had been seven in the last year. We found that they were satisfactorily handled in a timely way and we saw evidence of learning. It acted as a result to improve the quality of care. For example, the service received a complaint from a patient that they were not able to get through to the location by phone. The service investigated this complaint and found that the patient was selecting central booking instead of local booking. Following the complaint, the service made changes to the telephone prompt explaining to patients when to select central and local booking; opening hours were also advertised in the telephone prompts.

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 the service was providing well-led care in accordance with relevant regulations.

Leadership capacity and capability

The management team had the capacity and skills to deliver high-quality, sustainable care.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff we spoke with told us the management team was accessible and approachable and felt everyone worked together.

Vision and strategy

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

- The provider shared with us its seven core values: passionate, caring, open, authentic, accountable, courageous and extraordinary. Staff we spoke with were aware of and understood the vision and values and their role in achieving them.
- The values were encompassed in the Bupa code which guided staff on living the values every day and to deliver its mission statement to 'help people live longer, healthier, happier lives'.
- 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 (where relevant).
- 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 and staff.
- 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 we spoke with told us they were able to 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. 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.
- 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.
- Staff were clear on their roles and accountabilities. We saw staff had lead roles, for example, safeguarding, infection control and complaints.
- The management had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. All staff had access to these policies and procedures.

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.
- Risks to patients and staff was overseen by a health and safety lead.

Are services well-led?

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

- The service maintained oversight of incidents and complaints at a local level, which were also monitored and reviewed at an organisational level to ensure learning was widely shared.
- The service performed a thorough analysis of incidents and significant events; staff we spoke to informed us that incidents that were likely to happen again were included in the risk register and were continually monitored.
- 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. Managers had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider had plans in place and had trained staff for major incidents. All staff had been trained in basic life support and emergency equipment and medicines were available at the location.
- The service held regular clinical meetings for doctors and health advisors, administrative team meetings and all staff meetings.
- Training needs were monitored and highlighted using the provider's bespoke mandatory training platform.
- Patient satisfaction was regularly monitored through patient feedback which was encouraged by the provider.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Patient consultations and treatments were recorded on a secure bespoke clinical patient management system.
- 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 patients' and staff' views and concerns were encouraged, heard and acted on to shape services and culture. The service had a system in place to gather regular feedback from patients on an ongoing basis. The service had a 'You said we did' poster in the health assessment lounge which showed the changes the service had done following feedback from patients. For example, following patient feedback the service started to offer a range of snacks and drinks for patients in the waiting area and health assessment lounge; the pre-assessment questionnaire had been revamped to make it shorter and avoid repetition of data entry for returning patients.
- Staff were able to describe to us the systems in place to give feedback. The provider actively engaged staff through one-to-one meetings and appraisals.
- There was a service newsletter which enabled staff to contribute articles and recipes and included social events, the centre ran an employee recognition award which encouraged staff to vote for colleagues.
- Staff had access to a confidential employee assistance programme, which gave staff access to a confidential helpline for advice on personal, emotional and health matters.
- The service undertook a bi-annual anonymous staff survey. Staff told us the service responded to feedback from team.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement within the service.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and staff surveys.
- There was a focus on openness and honesty and staff had access to the organisation's 'speak up' initiative.