

# Bupa Health Centre - Basinghall

## Inspection report

4 Basinghall Street  
London  
EC2V 5BQ  
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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.** This is the first inspection of this provider at this location.

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 Bupa Health Centre - Basinghall on 20 April 2023 as part of our inspection programme. Bupa Health Centre - Basinghall first registered with CQC in July 2021 and are registered for the regulated activities, diagnostic and screening procedures, family planning and treatment of disease, disorder and injury.

The service provides mainly private GP-led consultations and health assessments as well as a range of other services. Some of the services were provided under corporate healthcare and employment arrangements or medical insurance, although there were customers who pay for their own private healthcare. Customers can be referred by the provider to other services for diagnostic imaging and specialist care. The service shared its premises and reception with the Cromwell hospital which allowed them to offer customers a wider range of treatments and services under one roof and often with less delays.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The centre manager was 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:

- *Leaders had the capacity and skills to deliver high-quality, sustainable care.*
- *The service provided care in a way that kept service users safe and protected them from avoidable harm.*
- *Service users received effective care and treatment that met their needs.*
- *Staff dealt with service users with kindness and respect and involved them in decisions about their care.*
- *The service organised and delivered services to meet service users' needs.*
- *Service users could access care and treatment in a timely way.*

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

# Overall summary

- Review systems in place to alert staff in an emergency for staff working on reception desk.
- Review risk assessments to ensure actions identified have been addressed and documented.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection GP specialist adviser.

## Background to Bupa Health Centre - Basinghall

Bupa Health Centre - Basinghall is located at 4 Basinghall Street, London, EC2V 5BQ.

The service provides private face to face and online GP-led consultations, health assessments, sexual health services, family planning and point of care testing.

The service offers pre-bookable face-to-face private GP and health assessment appointments for both adults and children over the age of 1. The service is open from 7:45am to 6pm Monday to Friday and also opens on occasional Saturdays from 7:45am to 6pm. The centre did not see walk in customers.

Customers requiring advice and support outside of those hours were advised to use the NHS 111 service. The service had a system in place for the management of abnormal test results received out of hours where Bupa's Anytime Healthline services will be contacted by the laboratory and they will contact the customers and forward the details to the health centre.

The centre manager was responsible for the day-to-day running of the centre and was supported by a health services manager, a lead GP physician and a team of doctors, health advisors and administrators.

### How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with the registered manager/medical director face to face.
- Spoke with staff (health services manager, lead GP physicians, centre manager and admin team lead).
- Reviewed files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of service user records.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of customers' 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:

The provider had systems and procedures in place to monitor and keep customers safe and there were arrangements in place for the management of infection prevention and control.

## 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 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 and standard operating procedures in place to safeguard children and vulnerable adults from abuse.
- All staff had completed the appropriate levels of adults and children safeguarding training and had an annual update or as needed for level 3 or above safeguarding training.
- The service used a computer software system to record all safeguarding concerns, which were discussed at internal meetings and also shared at national meetings. There were safeguarding leads in place and staff knew how to raise safeguarding concerns.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support customers and protect them from neglect and abuse.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- Recruitment and employment checks were coordinated at an organisational level 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).
- The service did not employ or interview staff directly; however, all information was available to them to review through an online IT platform. Evidence of this was seen during the inspection. We reviewed a selection of staff files during the inspection and found no concerns.
- There was an effective system to manage infection prevention and control (IPC). On the day of the inspection, the premises were observed to be very clean and tidy.
- The health services manager was the IPC lead. The service had a range of IPC policies in place, which were accessible to staff, and undertook quarterly IPC audits. The IPC audits were reviewed by the provider's quality team who completed a report, to enable the senior leadership team oversight.
- There were systems for safely managing healthcare waste seen during inspection.
- Staff were up to date with their IPC training.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example, the appropriate equipment was calibrated in April 2023 and portable electric appliance testing (PAT) was carried out in March 2023.
- We reviewed a legionella risk assessment dated March 2022 where overall risk was rated as medium with a score of 49 out of 92. Where actions had been documented or further action required had been identified, it was unclear if these actions had been addressed. A recommended review date of March 2023 has been documented but it was unclear if this review had been carried out at the time of inspection.
- The service kept a weekly record of unused water outlets, monthly water temperature checks and 6 monthly water checks.

# Are services safe?

- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. These included health and safety and premises maintenance. We reviewed a health and safety audit carried out in November 2022 where no risks were identified.
- The provider had a fire risk assessment dated September 2021 where all actions had been signed as completed. We did not see evidence of a review during the inspection. Evidence of weekly fire alarm testing was seen as well as fire extinguisher checks. The most recent fire evacuation drill was in March 2023.

## Risks to customers

### There were systems to assess, monitor and manage risks to customer safety.

- There was an effective induction system for all staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage customers with severe infections, for example sepsis.
- Staff had completed sepsis training. The service had carried out a first aid needs risk assessment in September 2022 with documented guidance and no actions identified.
- There were sufficient staff at the time of the inspection and arrangements for planning and monitoring the number and mix of staff needed to meet customer needs. When needed, staff could be used from the provider's other sites.
- We saw evidence of panic alarms in clinical rooms, however there were no panic alarms located in reception. Staff we spoke to told us that if there was an emergency at reception, they would shout for help to alert other staff in the building to attend reception. The centre manager told us that this issue had already been flagged and they were in the process of fitting panic alarms in reception.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- An email thread was seen during the inspection which addressed the growing need for the centre to begin stocking medicines used in the event of an epileptic seizure. The centre manager told us they would begin to order this medicine in the very near future.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- The service used customer record computer software to record and manage customer records. This system was password protected and staff were only able to access necessary information for their role.
- We reviewed a sample of 5 customer care records and found they were written and managed in a way that kept customers safe. The care records we reviewed showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- 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.
- Customers were asked if they would consent to share their information with their NHS general practitioner to enable continuation of care.
- We saw that clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

# Are services safe?

## **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. The service kept prescription stationery securely and monitored its use. We saw evidence of a management of medicines standard operating procedure last updated in February 2022.
- All private prescriptions were processed electronically and signed by the prescribing doctor.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, a prescribing audit carried out in 2022. We also saw evidence of a prescribing standard operating procedure last updated in February 2023.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to customers 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 stock any medicines requiring refrigeration except medicines used to treat hypoglycaemia. This medicine was not stored in the fridge but the service had shortened its expiry date by 6 months to allow them to store it outside of the fridge in line with recommended guidance.

## **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.
- The service used a computer software system to monitor, review and act upon all incidents.

## **Lessons learned and improvements made**

### **The service learned and made improvements when things went wrong.**

- Incidents and significant events were recorded on a computer software system, which enabled the provider's leadership team to have oversight and ensure actions were taken.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service manager explained the service had incidents, but there had not been any significant events in the previous 12 months at the service. Information submitted by the provider showed that 139 incidents had occurred between April 2022 and March 2023. These included theft of centre equipment, documents containing customer information left at reception after closing, delay in receiving test results and staff testing positive for Covid19, where actions had been taken in response to all incidents and staff were provided with additional training where appropriate.
- The service was able to give a detailed description of a significant event that had happened in the clinic, where the learning was shared nationally across all centres and training and support was provided to staff.
- 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. We saw evidence of meeting minutes where incidents were discussed.
- Staff received a weekly email from the clinical lead which included update a details of shared learning form significant events where appropriate.

# Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as customer and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.



# Are services effective?

## We rated effective as Good because:

*The provider had systems and procedures which ensured clinical care provided was in relation to the needs of customers. Staff at the service had the knowledge and experience to be able to carry out their roles. We saw evidence of audits being carried out.*

## 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 centre carried out two types of services. These were customer health assessments and general practitioner appointments.
- Customers who had a health assessment completed an online questionnaire and consent form, which included details of their medical history, and were then offered an appointment. The online form included an algorithm which alerted staff to any risks to the customers. The customers were then seen by the health advisers who took their weight, height, waist measurements and bloods for testing and discussed their lifestyle. They were then seen by the doctor who reviewed their clinical needs and could request further medical tests or refer the customer to secondary care. Following the assessment customers have access to a mental health helpline and an anytime helpline for 12 months. A copy of the assessment report and any test results were given to the customers.
- The health advisers carried out three blood tests during the appointment, these were for HbA1c, cholesterol and haemoglobin and customers were given a copy of the results.
- Women were offered cervical screening and mammograms, which were carried out by female doctors. The doctors would inform the customers of their results and follow up abnormal results.
- Customers booked GP appointments online and were offered a 15 minute up to 1 hour appointment dependent upon their needs. Customers completed a consent and medical history form and stated why they wanted the appointment online.
- Customers were seen by the GP at the premises, however online consultations were available to request at the time of booking but with another centre.
- The service manager explained any customers who had urgent needs were redirected to the emergency services.
- We reviewed five customers' records and found their 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.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of audits. Clinical audits had a positive impact on quality of care and outcomes for customers.

# Are services effective?

- We were provided with an example of a mammogram coding audit report carried out in November 2022. This was carried out to identify how often erroneous coding was used in Bupa centres for mammogram results, hence resulting in a delayed conveying of the result to the customer, and potential delay in further investigations. The conclusion of the audit demonstrated that out of 110 records reviewed, there was 1 discrepancy, which upon further examination was found to be coded correctly.

## Effective staffing

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

- We saw evidence staff were appropriately qualified. The provider had an induction programme for all newly appointed staff which was tailored to their role.
- We saw evidence that relevant professionals (medical) 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.
- The lead clinician carried out monthly 1 to 1's with GPs and quarterly customer record review audits of the doctor's consultation records.
- In addition to NHS GP's annual NHS appraisals, all doctors received an annual Bupa appraisal.
- The health advisers' customer consultation records were audited quarterly.

## Coordinating customer care and information sharing

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

- Customers received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- The provider told us that customers were given a copy of their referral letter, at the end of the appointment and could choose to share it with their NHS general practitioner. For urgent referrals and referrals that had to be completed within two weeks, the urgent referral failsafe standing operating procedure stated the customer should be called at least once and then an email sent.
- A review of urgent referrals for March 2023 demonstrated that attempts had been made to contact all customers via phone call, voicemail message and email. However, the spreadsheet provided did not always show what action was taken after an attempt to contact a customer was made, but not successful. The dates were logged for the last contact attempt made.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the customer's health, any relevant test results and their medicines history. We saw examples of customers being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All customers 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. If they refused information would be shared if the customer was deemed at risk of harm.

## Supporting customers to live healthier lives

### **Staff were consistent and proactive in empowering customers and supporting them to manage their own health and maximise their independence.**

# Are services effective?

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

## Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported customers to make decisions. Where appropriate, they assessed and recorded a customer'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:**

*The service treated customers with kindness, respect and dignity. The service involved customers in decisions about their treatment and care. Staff we spoke with demonstrated a customer-centred approach to their work.*

### **Kindness, respect and compassion**

#### **Staff treated customers with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care customers received via email survey after each consultation. Feedback from customers was positive about the way staff treat people.
- Staff also carried out a monthly Bupa experience survey, where they would put themselves into their customers shoes to identify any areas for improvement.
- The centre also ran customer listening sessions from customer video logs in order to discuss and implement change.
- Customer feedback analysis seen showed high levels of satisfaction across all indicators, for example, the centre received a score of 90% for customers who had overall satisfaction with their practitioner.
- Staff understood customers' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all customers.
- The service gave customers timely support and information.

### **Involvement in decisions about care and treatment**

#### **Staff helped customers to be involved in decisions about care and treatment.**

- Interpretation services were available for customers who did not have English as a first language. Customers were also told about multi-lingual staff who might be able to support them. Staff name badges contained the flags of the countries they were from in order to be able to offer support.
- Staff communicated with people in a way that they could understand, for example, communication aids, such as a hearing loop.

### **Privacy and Dignity**

#### **The service respected customers' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if customers wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Curtains were provided in the consulting room to maintain customers' privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations and conversations could not be overheard.
- Customer information was stored securely, and staff had completed General Data Protection Regulation (GDPR) training.

# Are services responsive to people's needs?

## We rated responsive as Good because:

*Customers received timely access to services. The service had a complaints procedure in place, they logged complaints and actions taken to resolve them and obtained regular customer feedback.*

## Responding to and meeting people's needs

**The service organised and delivered services to meet customers' needs. It took account of customer needs and preferences.**

- The provider understood the needs of their customers and improved services in response to those needs.
- The service was open from 7:45am to 6pm weekdays and the occasional Saturday depending on demand. The centre manager explained they were hoping to formalise their Saturday opening arrangements in the near future.
- The centre manager explained customer health assessments could take up to 2 hours and GP appointments were booked for 15 minutes up to 1 hour, dependent on customer needs.
- Information about the service and the costs was available on the provider's website.
- The facilities and premises were appropriate for the services delivered. The premises was wheelchair accessible.

## Timely access to the service

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

- Customers had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Customers with the most urgent needs had their care and treatment prioritised.
- 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/did not respond to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available both at the service and on the provider's website. Staff treated customers who made complaints compassionately.
- The service informed customers of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The service had logged 4 complaints and 22 concerns in the last 12 months. We reviewed concerns including incorrect billing, lack of communication, delays in test results and IT system errors which had been logged on a spreadsheet along with a detailed description of the concern, date and staff member handling the concern. The spreadsheet provided did not show if the concern had been resolved in full or any learning that was shared as a result of the concern.

# Are services well-led?

## We rated well-led as Good because:

*Service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that customers would receive the best care and treatment. There were systems in place to govern the service and support the provision of good quality care and treatment. Staff reported that the service supported and ensured the wellbeing of its staff.*

## 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.
- Staff told us leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Staff we spoke to identified challenges to delivering high-quality, sustainable care including the growing strain on the NHS causing longer wait times for some appointments at the clinic and a lack of awareness of administration staff regarding some clinical aspects of the service. The service was aware of these challenges and had begun to address them.
- At the time of inspection, the service was in the process of recruiting to the role of health advisor team manager.

## Vision and strategy

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

- There was a clear vision and set of values, which included being brave, caring and responsive and always thinking outside of the box. The service's priorities included expanding the service both in size and capacity to reflect the increasing demand. The service had a realistic strategy and supporting business plans to achieve priorities.
- The staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider monitored progress against delivery of the strategy.

## Culture

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

- We received 5 staff surveys and spoke with 6 members of staff who all told us they felt respected, supported and valued and that they were proud to work for the service.
- The service focused on the needs of customers.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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.
- Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional development and evaluation of their clinical work.
- There was emphasis on the safety and well-being of all staff.

# Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training and the service had staff who were diversity champions.
- Staff name badges included their country flag or Pride flag as a way of promoting inclusivity and diversity.
- There were positive relationships between staff and teams.
- The provider had a speak up policy and information available to staff regarding speaking up as well as the name and contact details of their Freedom to Speak Up Guardian.

## 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.

## 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 customer safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for customers. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of customers.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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 customer identifiable data, records and data management systems.

## Engagement with customers, the public, staff and external partners

### **The service involved customers, staff and other centres to support high-quality sustainable services.**

# Are services well-led?

- The service encouraged and heard views and concerns from the public, customers, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give 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 were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The service believed that they stood out from other centres as they had the advantage of being able to offer their customers a complete customer journey and connected care pathway, with both primary and secondary care being delivered from the same building. Staff told us that this allowed for more collaborative working and a smoother transition between services for customers, as well as more efficient and timely referral pathways.
- Staff also told us about their Period Plan work, where customers over the age of 18 could book up to a 45 minute appointment with a GP to discuss any concerns and were then offered treatments including the contraceptive pill, coil and implants. These customers would also be placed on a recall list and could be referred to the ultrasound department at the Cromwell hospital if necessary.