

Susan Mary Horsewood-Lee

Susan Mary Horsewood-Lee - Oakley Street

Inspection report






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Ratings

Overall rating for this service

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Overall summary

This service is rated as Good overall. (Previous inspection April 2018 – inspected but not rated.)

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 on 30 May 2019 at Dr Susan Mary Horsewood-Lee – Oakley Street, to follow up on breaches of regulations.

CQC previously inspected the service on 27 April 2018 and asked the provider to make improvements regarding safe

Summary of findings

and well-led service. We checked these areas as part of this comprehensive inspection and found those concerns had been addressed. Following our previous inspection in April 2018, we issued two requirement notices for breaches of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment and Regulation 17 HSCA (RA) Regulations 2014 Good governance.

Dr Susan Horsewood-Lee provides a private doctors GP service to patients at 34 Oakley Street in the Royal Borough of Kensington and Chelsea. The service is situated in premises which are owned by the provider. The service is registered with the Care Quality Commission to provide the regulated activities of Treatment of disease, disorder or injury and Diagnostic and screening procedures and family planning.

Prior to our inspection, patients completed CQC comment cards telling us about their experiences of using the service. Thirty-seven people provided wholly positive feedback about the service. Dr Horsewood-Lee was described as caring, attentive and patients felt they were treated with respect.

Our key findings were:

- Action had been taken on all of the issues identified at the previous inspection; those we required and those we recommended.
- The service had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- We found evidence of improvement in monitoring and mitigating risks relating to the safety of service users.

- The premises were clean and well maintained, we saw evidence of actions taken to prevent and control the spread of infections.
- Not all emergency medicines were available as described in recognised guidance. There was a record kept of checks to make sure medicines were available, within their expiry dates, and in working order.
- At this inspection we found medical equipment had been calibrated to ensure it was safe to use.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- There was a system for recording and acting on incidents, adverse events and safety alerts. The provider shared safety alerts with staff effectively.
- Staff felt involved and supported and worked well as a team.
- Patient feedback for the services offered was consistently positive.

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

- Risk assess and make arrangements for the equipment and medicines needed for medical emergencies, including a defibrillator and pulse oximeter.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Susan Mary Horsewood-Lee - Oakley Street

Detailed findings

Background to this inspection

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.

Dr Susan Mary Horsewood-Lee provides a private general practice service from a registered location at 34 Oakley Street, Chelsea, London SW3 5NT. Services are available to any fee-paying patient. Dr Horsewood-Lee is the sole doctor and there are no other clinical staff at the service. The doctor is supported by a Practice Manager, a Medical Secretary and a part-time clerical assistant. Services are available by appointment only between 7.30am and 6pm Monday to Friday. The service is managed by the practice doctor. The doctor is required to register with a professional body and was registered with a licence to practice.

The service is located in a converted residential and business-use property with below street level access into a reception and waiting area. The building is not accessible to wheelchair users and does not have accessible facilities. The service directs patients who need these to a local surgery which has disabled access. There are patient toilets and baby changing facilities available. There is one clinical consultation and treatment room, a reception area, a storage area, a medicines storage room and kitchen space.

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

We carried out an announced visit to Dr Susan Horsewood-Lee on 30 May 2019. Our inspection team was led by a CQC inspector and included a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service in advance of the inspection and asked other organisations to share what they knew. During our visit we:

- Spoke with doctor who was the provider of the service.
- Spoke with non-clinical staff which included two administrative staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed feedback from service users including CQC comment cards.

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 rated safe as Good because:

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

At our last inspection in April 2018, we found not all risks were fully assessed and well-managed:

- Health and safety risk assessments of the premises had not been carried out.
- Medical equipment had not been calibrated.
- There was no evidence of a legionella risk assessment.
- Fire risk assessment was not carried out and there was no visible fire procedure in patient areas.
- Infection control audits had not been undertaken.
- There were no cleaning records or cleaning schedules.
- There were no suitable arrangements to manage medical emergencies.
- The provider had not undertaken training in infection control, information governance and fire safety.
- At our previous inspection there were no formal arrangements for verifying a patient's identity and formal checks of adults accompanying child patients were not carried out.

At this inspection the service had started to implement a programme of health and safety assessment. The service was monitoring safety and recording what precautions and practical steps had been taken to remove or minimise risks for improvement.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse. Guidance was available for safeguarding both children and adults and contained contact numbers for local safeguarding teams.

- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The provider had a number of policies and procedures which followed guidance from the Independent Doctor's Federation (IDF).
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out
 - All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. At our last inspection, the doctor's formal appraisal had identified that the doctor should update their knowledge of safeguarding of vulnerable adults. At this inspection we saw the doctor had completed safeguarding adults and children level 3. All reception and administration staff had received safeguarding up to level 2.
 - At the previous inspection we found the provider had not completed essential training required to carry out their duties. For example, the doctor had not completed training in infection prevention and control, information governance and fire safety. At this inspection, there was evidence that the provider had undertaken essential training required.
 - At our last inspection, there was no effective system to manage infection prevention and control. At this inspection, there were arrangements to manage infection prevention and control in line with national guidance. Healthcare waste was managed appropriately, and the practice was visibly clean and tidy. We saw a cleaning schedule and evidence of weekly audits of the cleaning carried-out.
 - At our previous inspection, there was no evidence of a legionella risk assessment. At this inspection we saw evidence of tests to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Staff showed us a water

Are services safe?

sample pathology report of tests for Legionella completed by an external company in July 2018. There was a record of ongoing monthly water temperature monitoring checks.

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. At our last inspection in April 2018, the service had not ensured that medical equipment was safe and that equipment was maintained according to manufacturers' instructions. There was no record of equipment calibration. At this inspection we saw clinical equipment which had been calibrated to give reliable readings, for example, a blood pressure machine and nebuliser. There was evidence that portable appliances had been tested for electrical safety within the last two years.
- The service stocked medicines. However, at this inspection we found the provider did not stock all recommended emergency medicines. The provider had carried out a risk assessment to support the decision not to stock these emergency medicines.
- There was a documented system for recording and monitoring checks of emergency medicines.
- We looked at arrangements for managing medical emergencies. Not all emergency equipment was available as described in recognised guidance. There was no defibrillator kept at the location. The provider had risk assessed the decision not to have a defibrillator. Following our inspection, the provider told us they had ordered a defibrillator.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were systems to identify, understand, monitor and address health and safety risks and risks related to the premises. At this inspection the service had started to implement regular safety checks and procedural audits. For example, since our last visit, the service had carried out an annual infection control audit. The service had an infection control policy which included guidance on universal infection control precautions
- 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 service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures, there was a policy to ensure the safety of all staff and patients in the event of a medical emergency.
- There was oxygen with adult and children's masks. There was a first aid kit, and accident book. The service stocked injectable adrenaline. There was evidence of face to face basic life support training for the doctor and staff.
- There was a written policy in place covering fitting contraceptive devices including managing complications after coil insertion. The doctor told us they had a supply of atropine available when fitting an intrauterine contraceptive device (IUCD).
- 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.
- At this inspection, there were systems for managing fire risk. Fire extinguishers were checked annually. We saw evidence of a fire risk assessment dated 15 August 2018 carried out by a suitably qualified person. There were no fire alarms in the premises but we saw two smoke alarms. There was a visible fire procedure telling people what to do in the event of a fire and reception staff had completed fire marshal training. The practice had a system in place to check the working status of the smoke alarms and fire drills had been carried out.
- At our last inspection there was no evidence of fire safety training for the doctor. At this inspection we saw evidence of fire safety training for the doctor and all staff. There was a visible fire procedure in the areas of the premises used by patients.

Are services safe?

- The service had a documented business continuity plan for major incidents such as power failure, flood or building damage. The service had a buddy arrangement with a nearby private doctor's clinic.
- Patient records were stored securely on the service computer, which was backed up.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- At this inspection there was a system for checking patients' identity. Personal details were taken at registration and name and date of birth verbal checks were carried out by the receptionist when patients booked appointments.
- The service treated children and staff told us they verified the identity of adults accompanying child patients, but this was not recorded.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice asked patients whether they consented to details of their treatment being shared with their registered NHS GP when they initially registered with the practice. There was a process in place to support decision making associated with patients consenting or declining consent for information to be shared with their GP.
- Referral letters included all the necessary information.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- There were effective systems for managing medicines stocked in the refrigerator. The provider kept records of daily refrigerator temperature checks. There was a storage of vaccines policy with guidance for staff on what to do in the event of a cold chain breach.
- All the medicines we checked were in date and stored securely.
- The doctor prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The service involved patients in regular reviews of their 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.

Track record on safety and incidents

The service mainly had a clear safety record as most risks had been fully assessed and mitigated.

- At our last inspection the service had not monitored and reviewed activity to understand risks and where identified made necessary safety improvements.
- There were comprehensive risk assessments in relation to safety issues. At this inspection a fire risk assessment had been undertaken and there was a record of a Legionella risk assessment. Actions were identified and monitored.
- We saw information displayed next to sharps bins to instruct people on what to do if they sustained a needlestick injury.

Are services safe?

- The service monitored and reviewed activity through a variety of meetings. Staff kept a message book with a line for messages actioned, which was reviewed daily. This helped staff to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The service displayed information on what patients should do in the event of a fire.
- The practice carried out fire drills every six months. A member of staff had received Fire Marshal training through St Johns Ambulance.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There had been no significant events over

the last 12 months. The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

- 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.
- The provider told us that if there were unexpected or unintended safety incidents, they would give people reasonable support, truthful information and a verbal and written apology.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was a system for receiving and acting on safety alerts. The GP received alerts directly by email and would act where necessary. Copies of alerts were kept. There was evidence that the service had conducted system searches to identify patients who may have been affected by an alert.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

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

- At our previous inspection we found some essential safety training had not been undertaken by the provider. The doctor had not undertaken training in infection prevention and control, fire safety and information governance. At this inspection staff files we reviewed showed the provider had completed safety training.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence based practice. We saw evidence that the provider assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The practice had systems to keep the GP up to date with current evidence-based practice. We saw that the GP assessed needs and delivered care and treatment in line with current legislation, standards and guidance; we saw evidence of quality assurance activities in place to allow the practice to assure themselves that these standards were being consistently met. For example, the provider had a written protocol in place for fitting intrauterine contraceptive device (IUCD) including managing complications after IUCD insertion.
- We looked at 6 patient records. Records were clearly recorded and included comprehensive detail of consultations, treatment and advice.
- There was some evidence that the provider followed up on referrals made to specialist services and secondary care providers. For example, the doctor told us they monitored discharge summaries and if they received a hospital letter they would undertake follow up consultations with patients discharged from hospital.
- We saw no evidence of discrimination when making care and treatment decisions.

- Staff assessed and managed patients' pain where appropriate.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. There was evidence of some measures to review the effectiveness of the service provided through the undertaking of retrospective case reviews. For example, there was evidence of two case studies where the doctor had reflected on what lessons could be learned from the management of these cases.
- There was evidence of audit reviewing patients' referrals and one audit on cervical screening. There was no comprehensive system of follow up where actions had been implemented and improvements monitored.
- The doctor carried out an annual review of laboratory investigations and levels of abnormal test results.
- We did not see evidence of a system of follow up where actions had been implemented and improvements monitored. The doctor reviewed patient outcomes on an individual patient basis at follow up appointments.
- Patient records were stored in lockable storage cabinets in a secure room.

Effective staffing

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

- The doctor was supported by a team of three qualified medical secretaries. Their role was non-clinical and consisted of reception duties, administration and book keeping. We saw evidence of staff training in safeguarding, chaperoning, basic life support and first aid.
- At our previous inspection we found the provider had not completed essential safety training. At this inspection records we reviewed showed all staff had completed safety training.

Are services effective?

(for example, treatment is effective)

- The provider had an induction programme for all newly appointed staff. All staff had received an appraisal or performance review in the last year. There was evidence of appraisals and continuing professional development for the GP.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Coordinating patient care and information sharing

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

- The practice had effective arrangements in place to share information with patients' registered NHS GPs and patients received co-ordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- 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.
- The provider had an effective third-party arrangement with a private laboratory for blood test results. Results were received electronically which staff entered onto the electronic patient record system.
- 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.

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 patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. Staff encouraged and supported patients to be involved in monitoring and managing their health. The GP gave lifestyle advice during consultations.
- The practice supported initiatives to improve people's health, for example, cervical screening, stopping smoking and tackling obesity.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. The doctor understood the requirements of legislation and guidance when considering consent and decision making. The practice policy required patients to sign consent forms and the signed forms were scanned into patient notes.
- At our last inspection, there were no formal arrangements for verifying a patient's identity. At this inspection we saw personal details were taken at registration and name and date of birth verbal checks were carried out by the receptionist when patients attended for appointments, and formal identification was checked.
- The service treated adults and children and all patients under the age of 16 were chaperoned by a parent or guardian. At our last inspection, formal checks of adults accompanying child patients were not carried out. At this inspection staff told us they verified the identity of adults accompanying child patients. There was evidence that the service checked that the responsible adult attending had authority to consent to treatment.

Are services caring?

Our findings

We rated caring as Good because:

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.

- 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 observed the consultation room was clean and private.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All the 37 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients described the GP as caring, attentive and efficient.

Involvement in decisions about care and treatment

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

- Feedback from patients included comments that the doctor was thorough and took time to talk through care and treatment options.
- The service had a website which provided patients with information about the range of treatments available including costs. This information was displayed on notices in the reception area.

- Staff told us interpreting and translation services could be made available for patients who did not have English as a first language.
- There were no communication aids available, such as a hearing loop.
- Staff helped patients and their carers find further information and access community and support services.
- The service supported recently bereaved patients. Staff told us that if families had experienced bereavement, they followed the service's policy to support bereaved patients and their families.
- The service did not have any patients who were registered carers.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. The service had a privacy policy.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We observed the clinical room to be clean and private. Conversations being held in the consultation room could not be heard by those outside.
- The administrative staff desk and computers were not separated from the waiting area. We asked the receptionists how they manage patients' privacy. Staff told us they would avoid mentioning patients' names aloud over the phone and could speak to patients or make calls in private in the office at the rear of the premises. Staff did not leave personal information where other patients might see it.
- The practice complied with the Data Protection Act 1998. There was a record of confidentiality training for staff. Staff files we checked showed there was a confidentiality agreement for individuals carrying out administrative duties.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

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 service understood the needs of its population and tailored services in response to those needs; for example, it offered early morning consultations and allowed patients to contact the doctor directly by email.
- The service was located at basement level and was accessed from stairs. Due to this and the internal size and layout, the premises were not suitable for patients with mobility difficulties and wheelchair users. Patients who telephoned to make an appointment were informed the premises were not accessible if they used a wheelchair or mobility aid. Staff told us they referred people to a more suitable service locally.
- Where patients had language barriers, they were advised ahead of their appointment to bring someone to act as an interpreter if required. An interpreting and translation services could be made available for patients who did not have English as a first language.
- Information about how to make a complaint was displayed in the reception area and on the service's website.
- There was information on the service website which included service charges and a section to provide feedback.

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 was open between 7.30am and 6pm Monday to Friday. Opening hours were displayed in the premises and on the service website.
- The service did not provide emergency appointments; patients were advised to contact NHS emergency services for urgent medical needs.
- The provider did not offer out of hours care; however, if medical attention was required patients were directed to a private 24-hour doctor service.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients reported that the appointment system was flexible, the doctor was always available and they could contact the doctor for advice out of hours.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.
- The service had a procedure for managing complaints. The complaint policy and procedures were in line with recognised guidance. The provider told us there were no complaints received in the last 12 months.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

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

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.
- The provider was the sole provider and owner of the service. The provider had responsibility for managing the service as well as providing clinical care.
- The service had been in operation for 25 years at the time of the inspection.
- The provider showed integrity and openness when safety concerns were raised during the inspection and demonstrated a willingness to act and address concerns. For example, the service did not have a defibrillator. The provider told us they would address this and obtain a defibrillator. The service had an emergency policy with guidance for staff on what to do in the event of a medical emergency.

Vision and strategy

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

The service had a vision to deliver high quality care and an overall positive patient experience.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. There was a comprehensive disaster handling and business continuity plan.
- There was a mission statement and statement of purpose visible in the patient waiting area.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service planned its services to meet the needs of service users. The provider aimed to continue providing an on-going high-quality service.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they need. This included appraisal and development conversations. All staff had received an appraisal or performance review in the last year. There was a structure of inductions for staff.
- The service demonstrated commitment to equality and diversity and had an equality and diversity policy. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a commitment to the safety and well-being of all staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- At our last inspection we found a number of systems did not have clear governance arrangements and accountability. In some areas the service lacked formalised procedures to support good governance and management:

Are services well-led?

Good 

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

- There were no clear arrangements or lines of accountability for carrying out safety risk assessments for the premises, management of fire risks and infection prevention and control.
- We found that some policies were not always reflective of day to day practice, for example, infection control and the 'safety and suitability of premises and equipment' policies. It was not clear that the provider was aware of the contents of the policies and where they needed to be reviewed and updated.
- At this inspection the provider had reviewed their policies and procedures since our last inspection. For example the safety and suitability of the premises and equipment policy.
- The provider had implemented a programme of risk assessments. A number of policies and procedures followed guidance from the Independent Doctor's Federation (IDF). There was a medicines management policy in place.
- We saw evidence of minutes from monthly team meetings where all staff were involved in discussions. There was evidence that governance was addressed and issues discussed as the doctor was the sole provider of the service.
- 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.
- 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.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. At this inspection, the provider had carried out comprehensive procedural audits and regular safety checks.
- At the last inspection we found that there was no evidence of infection control audits, health and safety risk assessments, assessments of legionella risk and checks to ensure medical equipment was calibrated. At this inspection, there were arrangements to manage infection prevention and control in line with national guidance. We saw a cleaning schedule and evidence of weekly audits of the cleaning carried-out.
- At our last inspection in April 2018, the service had not ensured that medical equipment was safe and that equipment was maintained according to manufacturers' instructions. There was no record of equipment calibration. At this inspection we saw clinical equipment which had been calibrated to give reliable readings. There was evidence that portable appliances had been tested for electrical safety.
- At this inspection, there were systems for managing fire risk.
- There were some systems for learning and improvement when things had gone wrong. There was a policy for reporting incidents and significant events. There had been no significant events over the last 12 months. The provider was aware of and complied with the requirements of the Duty of Candour. The provider had a system in place to manage complaints, although there was no record that any complaints had been made.
- At our previous inspection, we found systems for monitoring training were in place but some staff had not completed all role appropriate training required to carry out their duties. At this inspection staff files we reviewed showed staff had completed essential safety training including infection control, fire safety and information governance.
- The service had a business continuity plan in the event of an emergency affecting the running of the clinic. The provider had plans in place and had trained staff for major incidents.
- Staff were clear on their roles and accountabilities. The provider held weekly team meetings and we saw a record of minutes from these meetings with actions signed off.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

Good 

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

- The service used information from their computer system to monitor the quality of care provided. At our previous inspection there was limited evidence that quality and sustainability were discussed and acted on. At this inspection we found this had improved slightly. We saw quality and sustainability were discussed in weekly team meetings where all staff had sufficient access to information.
- There was some evidence that performance information was combined with the views of patients. The provider used an online company to collect patient survey feedback from the service's website. The service had a process of review to assess what changes have been made following patient feedback and patient survey results.
- Patient names and other identity information were handled by staff members who had signed confidentiality agreements in place.
- The service submitted information or notifications to external organisations as required.
- Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were in line with data security standards.
- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- 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 collected patient satisfaction information from their website and used this to inform their plans for developing the service.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The practice was committed to providing a high level of service to its patients. Reception staff attended local practice manager forum events to improve patients' experiences.
- The doctor had well-established systems for continued professional development.
- There was a focus on continuous learning and improvement.

Engagement with patients, the public, staff and external partners

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