The Medical @ Temple Quay

Inspection report

Unit 3, The Square
Temple Quay
Bristol
BS1 6DG
Tel: 01173763732
www.themedical.co.uk/clinics/temple-quay

Date of inspection visit: 15 Jan 2020
Date of publication: 14/02/2020

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?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

Overall summary

This service is rated as Good **overall.** (Previous inspection 21 May 2019 – Requires improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Medical @ Temple Quay on 15 January 2020 as part of our inspection programme and to follow up on breaches of regulations.

CQC inspected the service on 21 May 2019 and told the provider to make improvements regarding Regulation 17- Good governance. We also identified areas where the provider should make improvements which were:

- Conduct patient surveys to assess patient needs.
- Improve systems for the identification of significant events to support learning.
- To update the website relating to patient eligibility as soon as possible.

We checked these areas as part of this comprehensive inspection and found these had been resolved.

The Medical @ Temple Quay is a private doctor's consultation and treatment service.

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 general exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Services at The Medical @ Temple Quay (The Medical) are provided to patients under arrangements made by their employer/ a government department/an insurance provider with whom the servicer user holds an insurance policy (other than a standard health insurance policy. These types of arrangements are exempt by law from CQC regulation. Therefore, we were only able to inspect the services which are not arranged for patients by their employers/ a government department/an insurance provider with whom the patient holds a policy (other than a standard health insurance policy).

One of the GPs working for the provider 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.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received feedback about the service from 35 patients. All the respondents commented positively about their experiences, stating they received a high level of service and were treated with care and consideration.

Our key findings were:

- The service had made improvement to their processes to ensure risks to patients were monitored.
- Systems and processes had been improved to ensure oversight of safety alerts.
- There was a programme of quality improvement to monitor prescribing practices.
- Improvements had been made to the process for communicating with other services regarding patient care and safety. However, we found that this needed further improvement.
- Systems for obtaining and recording of consent had improved and embedded.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- There were systems in place to signpost patients to other appropriate services if the service could not meet their needs.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way.

(Please see the specific details on action required at the end of this report).

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

Overall summary

- Continue to embed quality improvement activities to monitor prescribing especially those relating to medicines which could potentially be misused and appropriate treatment with antibiotics.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, and a nurse specialist advisor who was observing the inspection.

Background to The Medical @ Temple Quay

Total Health Ethos Limited is the provider and the location is The Medical @ Temple Quay which is a private doctor's consultation service and doctor's treatment service. They deliver their services at the following address:

Unit 3, The Square

Temple Quay

Bristol

BS1 6DG

There is a branch at:

The Medical,

Unit 7b,

Aztec Centre,

Park Avenue,

Bristol,BS32 4TD

This branch was not visited as part of this inspection.

Further information about the service can be obtained by visiting their website at:

The statement of purpose of The Medical @ Temple Quay identifies the provision of GP services including immunisation for adults and children. There are four GPs and one nurse working at the service supported by a managerial and administrative team. The provider also offers services which are not regulated by CQC such as occupational health reviews. The GP service is available five days a week at Temple Quay and at the Aztec West branch. All GP appointments must be pre-booked. All patients are required to complete a comprehensive health questionnaire/declaration prior to their appointment.

How we inspected this service

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

Good

Are services safe?

We rated safe as Good because:

At the last inspection in May 2019, we rated the practice as requires improvement for safe because:

- Systems in place to mitigate risks relating to Legionella were not effective.
- The provider's significant event policy was not comprehensive or embedded in practice.
- Staff trained as chaperones could not demonstrate that the learning was embedded.
- Not all staff had received appropriate safeguarding training.

At this inspection in January 2020, we found:

- The service had carried out a risk assessment and actions had been implemented to mitigate the risks relating to Legionella.
- The provider had improved their policy and systems relating to significant events.
- Staff undertaking chaperone duties had received further training and were able to demonstrate that learning was embedded.
- Staff had received appropriate safeguarding training.

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 to safeguard children and vulnerable adults from abuse.
- 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 patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The service had a policy that Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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).
- 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. The nurse working for the service was trained to level 3 Safeguarding in line with current Intercollegiate requirements.
- There was an effective system to manage infection prevention and control. The service had engaged with an external contractor to carry out Legionella risk assessment and actions had been implemented to mitigate the risks of Legionella. Regular water temperature checks were undertaken by the service and we saw records to demonstrate this. Audits of cleaning were carried out by the service and hand hygiene audits had been carried out for all staff in June and July 2019 and a further audit was carried out on 10 members of staff (including new starters) in December 2019.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of 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 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.
- 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Good

Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place

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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. Medical records were stored in a cloud-based electronic system and the service was able to confirm arrangements were in place should the service cease to trade. These arrangements meant that the directors would remain responsible for the storage of information on a secured cloud based server until such time the information can be deleted
- 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. Prescriptions were printed on the organisation's headed paper. We saw evidence following a prescription fraud, that the service had improved prescription security by embossing prescriptions with the service's details which would make any potential other frauds more difficult.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice told us at the last inspection in May 2019 that they would be undertaking an audit of antibiotic prescribing. At this inspection, we found that this had been started but not fully completed. The service had however, carried out audits of prescribing against their medicines management policy in August, October and December 2019 to ensure clinicians followed the service's policy on prescribing. There was a plan in place for ongoing clinical audits to be undertaken over the course of the year including antibiotics audit.
- 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). They did prescribe schedule 4 and 5 controlled drugs. The service carried out regular monitoring of prescribing of these medicines. Where improvements were identified, for example, when clinicians had prescribed outside of the organisation's policy, actions were taken, and we saw evidence of improvement in safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children. The service did not prescribe remotely, and all patients were required to have a face to face consultation before a prescription was issued.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The

Good

Are services safe?

service had reviewed their significant event policy since the last inspection to include an appropriate definition of what constituted a significant event and identified lead roles in the service.

- 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. For example, when the service was made aware of fraudulent use of one of the prescriptions they had issued, the provider was able to demonstrate all the steps they took to investigate this. They also purchased an embosser to improve the physical appearance of their prescriptions so that these could not be replicated.
- 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

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- 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 including sessional and agency staff. At the last inspection in May 2019, we identified the provider was unable to evidence what action had been taken as a result of external safety events or patient and medicine safety alerts. We saw evidence that when an alert was received, it was cascaded to clinicians. However, no record was kept of what alerts had been received and what action had been taken as a result. At this inspection in January 2020, we found systems had been improved to ensure oversight of actions taken. A record was kept which detailed the actions taken and by whom.

Requires improvement

Are services effective?

We rated effective as Requires improvement because:

At the last inspection in May 2019, we rated the service as requires improvement for providing effective services because:

- The provider did not have a programme for quality improvement activity.
- Systems to ensure patient care was coordinated effectively with other services were not comprehensive.

At this inspection in January 2020, we found:

- A programme for quality improvement had been developed and regular clinical audits were taking place. The provider told us at the last inspection they would be auditing prescribing practices in relation to antibiotics. This had started but was not fully audited.
- Systems to ensure patient care was coordinated effectively with other services had improved but this was not consistently applied.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had have enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, the service treated a few patients who did not have an NHS GP. Prescribing for those patients was undertaken once a full assessment of their health and condition had been undertaken. Those patients with mental health needs were required to produce details of their last consultation with their consultant psychiatrist before medicines were prescribed.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- 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. There was clear evidence of action to resolve concerns and improve quality. The service had undertaken an audit of prescribing to ensure clinicians followed the organisation's policy for prescribing and communicating with patients NHS GP.
- The first audit in August 2019 identified out of 16 prescriptions issued for 25 patients,
  - one prescription for a medicine (used to treat narcolepsy, shift work sleep disorder or obstructive sleep apnoea was prescribed) which the provider classed as a controlled drug had been prescribed.
  - In three cases, there was no records that information about care and treatment had been shared with patients' NHS GP.
  - The provider discussed these finding with the relevant clinician and identified that in two out of the three cases, information had been shared with the patient's NHS GP but had not been recorded properly on the computer system. In one case, the consultation was undertaken by a new GP and they were informed of the correct process to follow.
- A second audit in October 2019 identified that out of 33 prescriptions issued for 25 patients,
  - Six prescriptions were for Schedule 4 or 5 Controlled drugs. One had been prescribed outside of the organisation's prescribing policy.
  - All those patients' care and treatment information was shared with their NHS GP.
  - In the one case where prescribing was outside of the organisation's policy, the service reminded the prescriber to not deviate from their medicines management policy.
- A third audit in December 2019 identified that out of 18 prescriptions issued'
  - Two were for Schedule 4 or 5 Controlled Drugs. One was outside of the service's prescribing policy, however, there was clear rationale for this and followed the advice of a consultant.

- All patients' care and treatment information had been shared with their NHS GP.

Effective staffing

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

At the last inspection in May 2019, we identified that not all staff had received training appropriate for to their role.

At this inspection in January 2020, staff had completed training relevant to their roles. There were records to demonstrate what training staff had undertaken and when these were due to be updated. The organisation's Human Resources department had oversight of training records and reminded staff when these needed to be updated.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment. However, processes were not always applied consistently to ensure care was delivered in a coordinated way.

- Patients received coordinated and person-centred care. However, staff did not always refer to, and communicated effectively with other services when appropriate. For example, from records we reviewed, we saw evidence that one patient who had been prescribed a Schedule 4 Controlled Drugs for low mood and anxiety was given a letter about their treatment to give to their NHS GP as opposed to sending this directly to the patients NHS GP. This was not in line with the service's medicines management policy.
- 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.
- 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. Where patients agreed to share their information, we saw evidence in most cases except one, of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, they requested letters from a consultant to determine if the patient had been prescribed the medicine previously and sent a letter to the consultant or other health care professionals as appropriate.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care

provider for additional support. For example, patients who would benefit from counselling were offered the option to be referred either privately or back to their NHS GP.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- 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.

Good

Are services caring?

We rated caring as Good because:

- Patients were treated with kindness, respect and compassion.
- Patients were involved in decisions about care and treatment.
- Patients' privacy and dignity was respected.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- 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 received 35 patient comment cards which were all positive about the service experienced. Patients commented that staff were caring and respected their privacy and that they had received an excellent service.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- 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. We spoke with one patient during the inspection and they told us they were satisfied with the quality of care they had received. They told us staff took time to listen to their needs and that they had always been treated with respect and dignity.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

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.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

- Patients who had attended the service had their individual needs met
- Patients were able to access care and treatment in a timely way.

At the last inspection in May 2016, we told the provider they should:

- Conduct patient surveys to assess patient needs.
- Update their website relating to patient eligibility as soon as possible.

At this inspection, we found the provider had addressed these issues.

- Patient satisfaction questionnaires were available in the waiting area and the service had analysed the results from 25 questionnaires. Patients commented that they had received a professional service and that staff took time to explain things and listened to patient views.
- The provider had updated their website to ensure it was up to date and did not discriminate against any groups of patients. They told us further work was planned to improve the website's functionality and to add healthy living advice.

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. Longer opening hours were available for working patients.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. Referrals to other services were undertaken immediately after the consultation.

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 service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had 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. For example, when a patient complained they had not been advised that they should not have consumed any food prior to self-administering an oral vaccine, the provider circulated the advice that needed to be given to patients taking this particular vaccine to remind staff of the actions they needed to take to ensure the vaccine is effective. A full refund was offered to the patient.

Are services well-led?

We rated well-led as Good because:

At the last inspection in May 2019, we rated the service as inadequate for providing well led services because:

- Processes to support good governance were not always embedded.
- Processes to manage risk and performance were not always effective.

At this inspection in January 2020, we found that:

- Systems and processes in relation to good governance had been reviewed and actions implemented to drive improvement. However, further improvements were required in relation to providing effective services to patients.
- The provider had introduced mechanism to ensure oversight of activities.
- Risks to patients were monitored through clinical audits and actions taken when shortfalls were identified.

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.
- 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.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, when the wrong course of a vaccine had been given to a patient, the patient was informed as soon as this became known and was offered an apology and remedial action was taken. 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 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. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and

Are services well-led?

management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. However, the provider needed to continue to embed monitoring of these to ensure their policies were applied consistently.
- 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 patient 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 patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Monthly staff meetings and clinical meetings were held, and we saw evidence that significant events, complaints and safeguarding were discussed.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were 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 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 was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were of 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • They had not ensured that a failsafe method was consistently used to ensure patient's NHS GP received details of the care and treatment provided by the service. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities 2008) Regulations 2014.