

Health Management (Primary Care) Limited

Health Management Primary Care Limited

Inspection report

Boston House
63-64 New Broad Street
London
EC2M 1JJ
Tel: 0845 504 0225
Website: www.healthmanagement.co.uk/

Date of inspection visit: 24 May 2018
Date of publication: This is auto-populated when the report is published

Overall summary

We carried out an announced comprehensive inspection on 24 May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. For example, occupational health assessments do not fall within the regulated activities for which the location is registered with CQC.

The primary care medical director is the registered manager. A registered manager is a person who is registered with the CQC 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 this inspection we asked for CQC comment cards to be completed. We received 48 completed CQC comment cards. All the completed cards indicated that patients were treated with kindness and respect. Staff were described as friendly, caring and professional. Some

Summary of findings

patients commented on how using the service had helped them with their individual care needs. In addition, comment cards described the environment as pleasant, clean and tidy. We also spoke with five patients during the inspection. All five patients were happy with the care and service they received.

Our key findings were:

- There was a transparent approach to safety with demonstrably effective systems in place for reporting and recording incidents.
- The service was offered on a private, fee paying basis.
- Information about services and how to complain was available and easy to understand.
- All health assessment rooms were well organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly.
- Clinicians regularly assessed patients according to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Risks to patients were well managed. For example, there were effective systems in place to reduce the risk and spread of infection.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- Staff were kind, caring, competent and put patients at their ease.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

Professor Steve Field

CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- The service had systems, processes and risk assessments in place to keep staff and patients safe.
- Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services.
- The service had a good track record of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement.
- The staffing levels were appropriate for the provision of care provided.
- We found the equipment and premises were well maintained with a planned programme of maintenance.

Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff used current guidelines such as National Institute for Health and Care Excellence, to assess health needs.
- Patients received a comprehensive assessment of their health needs which included their medical history.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The clinic had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Are services caring?

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

- We spoke with five patients during the visit. All five patients told us they were happy with the service they received and they were treated with dignity and respect by all staff.
- The service treated patients courteously and ensured their dignity was respected.
- The service involved patients fully in decisions about their care and provided reports detailing the outcome of their health assessment.
- Information was available to patients to help them to live healthier lifestyles.
- We found the staff we spoke to were knowledgeable and enthusiastic about their work.

Are services responsive to people's needs?

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

- The service was responsive to patient needs and patients could contact individual doctors to further discuss treatment options following any tests carried out.
- The service proactively asked for patient feedback and identified and resolved any concerns.
- There was an accessible complaints system both in the waiting area of the clinic and on the organisation's website.
- All forums for patient feedback were closely monitored and responded to.
- The service had good facilities and was well equipped to meet the needs of the patient.

Summary of findings

- The service could accommodate patients with a disability or impaired mobility. The consulting rooms could all be reached by lift or stairs, and there were disabled facilities that were wheelchair accessible.

Are services well-led?

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

- The provider had a clear vision and strategy for the service and the service leaders had the knowledge, experience and skills to deliver high quality care and treatment.
- The service had a suite of policies systems and processes in place to identify and manage risks and to support good governance.
- Staff told us they felt well supported and could raise any concerns with the provider or the registered manager.
- The service actively engaged with staff and patients to support improvement and had a culture of learning.
- Regular staff meetings took place and these were recorded.
- There was a clear management structure in place and staff understood their responsibilities.
- The culture within the service was open and transparent.

Health Management Primary Care Limited

Detailed findings

Background to this inspection

Health Management Primary Care Limited is registered with the Care Quality Commission to provide the regulated activities of: Treatment of disease, disorder and injury, Family planning, Maternity and midwifery services and Diagnostic and screening procedures. The location that we inspected is part of Health Management (Primary Care) Limited, a healthcare provider.

The service provides GP consultations and health assessments that include a variety of screening processes, and lifestyle health assessments. The services are provided to adults only, except for one branch, ITV Studios, that provides GP consultations for adults and children. The purpose of the health assessments is to provide patients with a comprehensive review of their health, it covers key health concerns such as weight, diabetes, heart health, cancer risk and emotional wellbeing. Following the assessment and screening process patients have a consultation with a doctor to discuss the findings of the screening procedures and to consider and plan for any required treatment. Patients receive a comprehensive report detailing the findings of the assessment. The report includes advice and guidance on how the patient can improve their health together with information to support healthier lifestyles. Any patients requiring further investigations or any additional support are referred to other services, for instance, their own GP.

The service address is:

Boston House, 63-64 New Broad Street, London, EC2M 1JJ

It is open Monday to Friday from 8.30am to 5.30pm, and clinics run from 8.30am – 12.30pm and 1.30pm – 5.30pm each day.

It also operates from the following branches:

- UBS, First Floor Medical Rooms, 5 Broadgate Circle, London, EC2M 2QS.

Opens Monday to Friday, and clinics are run by a doctor and nurse.

- ITV, ITV Studios, Trafford Wharf Road, Trafford Park, Manchester, M17 1FZ

Opens on Tuesday and Thursday for two hours, and clinics are run by a doctor.

- National Audit Office, 157-197 Buckingham Palace Road, London, SW1W 9SP.

Opens on Thursday for half a day, and clinics are run by a doctor.

- Rathbones, 8 Finsbury Circus, London, EC2M 7AZ.

Opens on Tuesday for a full day, and clinics are run by a doctor.

- Rathbones, Port of Liverpool Building, Liverpool, Merseyside, L3 1NW.

Opens on Wednesday for half a day, and clinics are run by a doctor.

- Farrer, 66 Lincoln's Inn Fields, London, WC2A 3LH.

Opens on Wednesday for half a day, and clinics are run by a doctor.

Detailed findings

- Unilever PLC, Medical & Occupational Health Department, 100 Victoria Embankment, London, EC4Y 0DY.

Opens Monday to Friday for half of each day, and clinics are run by a doctor. On Tuesdays there is also a nurse for half a day.

- GroupM, 26 Red Lion Square, London, WC1R 4HQ.

Opens two half days a month, and clinics are run by a doctor.

- Pinsent Masons, 30 Crown Pl, London, EC2A 4ES.

Opens on Wednesday for half a day, and clinics are run by a doctor.

We did not visit any of the branch locations during this inspection.

The clinical staff team of the service consists of a full-time primary care medical director, a part-time Lead GP and a further nine doctors who work at the location part-time. This team includes female and male GPs. In addition, there is a practice nurse. The non-clinical team is led by a Primary Care Services Manager, with a Primary Care Administration Team Leader, four Primary Care Administrators, a Clinic Manager, a receptionist and a clinical delivery administrator.

The location also houses a separate part of the Providers' business which offers occupational health services to employees of a number of clients. That service is run entirely separately to the GP service and as CQC does not currently regulate occupational health services, was not reviewed as part of this inspection.

We carried out an announced comprehensive inspection at Health Management Primary Care Limited on 24 May 2018. Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP Specialist Advisor. Before

visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We also reviewed any notifications received, and the information provided from the pre-inspection information request sent to the service prior to this inspection.

The service was last inspected on 28 August 2013, with the report published in September 2013, at which time the service was found to be fully compliant with the then current regulations.

During our visit we:

- Spoke with a range of staff including the site manager, the primary care medical director, the part-time Lead GP, other GPs, a nurse, and members of the non-clinical staff.
- Looked at the systems in place for the running of the service.
- Looked at rooms and equipment used in the delivery of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions are made.
- Spoke with five patients and reviewed 48 CQC comment cards which included feedback from patients about their experience of the 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.

Are services safe?

Our findings

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

Safety systems and processes

The provider had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded them from abuse.

Appropriate recruitment procedures were in place to ensure that staff were suitable for their role. Records showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, proof of qualifications and proof of registration with the appropriate professional bodies. In addition, 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.

The premises were suitable for the service provided. The service conducted safety risk assessments, and it had a range of safety policies that were regularly reviewed and communicated to staff. Safety information was provided to staff as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. All staff received appropriate safeguarding training that reflected legislation and local requirements, and the provider had an appointed safeguarding lead. The provider carried out staff checks on recruitment and on an ongoing basis, including checks of professional registration, for example, revalidation for GPs (Doctors who practise medicine in the UK must go through a process of revalidation every five years to remain licenced to practice medicine. The process of revalidation is a review of evidence from their annual appraisals to ensure their skills are up-to-date and they remain fit to practise medicine).

We observed the premises to be clean and there were arrangements to prevent and control the spread of infections. The practice had a variety of risk assessments and procedures in place to monitor safety of the premises such as control of waste management, infection prevention and control and legionella (Legionella is a term for a

bacterium which can contaminate water systems in buildings). Equipment was monitored and maintained to ensure it was safe and fit for use. We saw evidence of regular legionella risk assessments being undertaken.

Notices advised patients that chaperones were available. Several members of the administration team, and doctors, acted as chaperones and all had received training for the role. All staff carrying out chaperone duties had received a DBS check.

Risks to patients

Staffing numbers and skill levels were monitored and there were procedures in place to source additional trained staff when required.

There were effective systems in place to manage referrals and test results, and the service had arrangements in place for prompt processing of any tests patients underwent.

Risks to patients, such as fire, had been assessed and actions taken to manage any risks identified.

There were arrangements in place to respond to emergencies and major incidents:

- We checked the records of one clinical staff, one non-clinical, these showed those staff had completed induction training, together with a full range of mandatory training, including: annual basic life support (BLS) training, fire safety, infection prevention and control, information governance, and safeguarding of adults and children.
- There was oxygen, a defibrillator, and a supply of emergency medicines. A risk assessment had been carried out to determine which emergency medicines to stock. All were checked by the service through regular checks of expiry dates to make sure they would be effective when required.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff, and copies were accessible off-site.

Clinical staff working at the service were required to hold sufficient professional indemnity cover for the full scope of their work with the service.

Information to deliver safe care and treatment

Are services safe?

There was an electronic patient's record system, which had safeguards to ensure that patient records were held securely. Paper based records were held securely in locked cabinets.

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.

There were arrangements in place to check the identity of patients.

The service had adopted a protocol to ensure that it received and acted on safety alerts, including CAS alerts (Central Alerting System alerts from the Department of Health) and MHRA Alerts Medicine and Healthcare products Regulatory Agency). This entailed receipt of email alerts directly by the Primary Care Medical Director who distributed them to all clinicians, followed by appropriate logging and review.

Safe and appropriate use of medicines

The service carried out audits to ensure it was managing medicines in line with best practice and national guidance, and it routinely reviewed updates to national guidelines from NICE (National Institute for Health and Care Excellence) and medicine safety alerts to ensure safe prescribing.

From the evidence seen, staff prescribed and gave advice on medicines in line with legal requirements and current national guidance. The service had developed prescribing templates which were stored on the computer system. Clinicians accessed the templates when prescribing a range of medicines including for insomnia.

The arrangements for managing emergency medicines in the service kept patients safe, including obtaining, storage and security.

We saw that the service had undertaken an audit of antibiotic prescribing for management of acute uncomplicated lower UTI (Urinary Tract Infection). The outcome of this audit had informed changes in line with NICE guidelines.

Track record on safety

There were systems in place for reporting incidents. The practice had a number of procedures to ensure that patients remained safe and there was an overarching incident reporting policy. The practice had recorded 20 significant events in the last 12 months which had been shared in practice meetings to aid learning. We saw evidence that the services reviewed significant events, discussed them in meetings and circulated any learning points to staff.

We found that there was a clear procedure for handling alerts from organisations such as MHRA and CAS. Alerts were received by email and disseminated by the Primary Care Medical Director to staff. Alerts were then reviewed, filed and logged.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The service encouraged a culture of openness and honesty. It had systems in place for knowing about notifiable safety incidents

There was an effective system in place for reporting and recording significant events. When there were unexpected or unintended safety incidents:

- The service carried out a thorough analysis of significant events and the outcomes of the analysis were shared with staff at regular meetings.
- The service gave affected people reasonable support, truthful information and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Records of significant events were stored on the service's computer system, this included records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

- There was evidence that the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards. The service assessed patients' needs and delivered care in line with National Institute for Health and Care Excellence (NICE) evidence based practice (for example regarding assessment and management of heavy menstrual bleeding).
- The practice offered a range of in-house diagnostic tests and had developed links with a wide range of specialists to facilitate appropriate referrals.

Monitoring care and treatment

The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. Key performance indicators were in place for monitoring care and treatment and the quality of consultations with patients was monitored through observed practice.

Audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes. We reviewed one audit: a completed two-cycle audit of antibiotic prescribing for management of acute uncomplicated lower UTI (Urinary Tract Infection). The findings were measured against the NICE recommendation that for 90% of patients a three-day course of antibiotics should be given. Following the first cycle of the audit the service found that this recommendation had been followed for 54% of patients. Following review of the findings the service repeated the audit and found that during the second audit cycle, 78% of prescribing had followed the recommendation (70 patients out of 92). During the second cycle of the audit the practice had also recorded that 13 of the 92 patients were given a longer course of medicines but were also advised to stop after three days if they were well. Taking the number of patients given this advice into account, the service met the 90% (83 out of 92 patients) recommendation for such prescribing.

Completed audits showed that the service reviewed and reflected on the findings and implemented changes where these were indicated.

Effective staffing

We found staff had the skills, knowledge and experience to deliver effective care and treatment. The service had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The service understood the learning needs of staff and provided protected time to meet them. This included a comprehensive induction programme and in-house training programme. This ensured that all staff had up to date records of skills, qualifications and training.
- Staff were encouraged and given opportunities to develop, with the opportunity to take up to five days paid study leave.
- The service provided staff with on-going support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. All staff had received an appraisal within the last 12 months.
- Staff also received protected time to undertake administrative tasks.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

The service shared information to plan and co-ordinate patient care effectively.

We found that the service shared relevant information with other services in a timely way. For example, we saw evidence that the service sought patient's permission to contact their NHS GPs, and of appropriate referrals to patients NHS GPs.

Supporting patients to live healthier lives

In addition to GP consultations, the service provided a range of health screening services to support patients in living healthier lives. The questionnaires that patients completed included questions about physical and mental health as well as lifestyle. The assessment and screening enabled the service to provide individually tailored advice and support to assist patients. The advice given covered

Are services effective?

(for example, treatment is effective)

the findings of their assessments and recommendations for how to reduce the risk of ill-health and improve their health through healthy lifestyle choices. It also offered a travel medicine service offering individually tailored advice.

Consent to care and treatment

Staff sought patients consent to care and treatment in line with legislation and guidance. Staff we spoke to understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

The service obtained written consent before undertaking procedures and specifically for sharing information with outside agencies such as the patient's GP. Authority for

consent to contact a patients GP was included as a clause in the consent form that patients signed prior to treatment. The patients' signed consent was recorded in the patient record system. This showed that the service met its responsibilities within legislation and in line with relevant national guidance. Information about fees was transparent and available in the patient handbook.

The lead consultant showed an understanding of consent issues and best interest. They detailed relevant competencies and guidance they would use. Clinicians we spoke to were aware of Gillick Competency (used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Are services caring?

Our findings

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

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

The feedback we received about patient experience of the service was positive. We spoke with five patients during the visit. All five patients were happy with the service they received and confirmed they were treated with dignity and respect by all staff. We also made CQC comment cards available for patients to complete prior to the inspection visit. We received 48 completed comment cards all of which were very positive and indicated patients were treated with kindness and respect. Comments included that patients felt the service offered was very good and that staff treated them in a caring professional manner and with dignity and respect. In addition, comment cards described the environment as pleasant, clean and tidy.

Staff we spoke with demonstrated a patient centred approach to their work which reflected the feedback we received in CQC comment cards.

Involvement in decisions about care and treatment

Patient comment cards showed that patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by the clinicians; and also had sufficient time during consultations to make an informed decision about the choices of treatment available.

The service also ensured that patients were provided with all the relevant information they required in order to make decisions about their treatment prior to treatment commencing.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and the service complied with current data protection legislation. All confidential information was stored securely, either on computers, or paper records which were stored in locked cabinets.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We observed consultation and treatment room doors were closed during consultations, and conversations taking place in those rooms could not be overheard. Signs in the reception area advised patients chaperones were available should they want this and staff who acted as chaperones had received training to carry out the role.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The facilities and premises were appropriate for the services delivered. GP and nurse appointments were often available on a same day basis with patients being offered a choice of appointment times that were convenient for them. In addition to traditional GP consultations the service offered a range of health assessments for patients, such as wellbeing assessments to assist them in living healthier lifestyles.

Discussions with staff showed the service was person centred and flexible to accommodate patient needs. Patients received personalised reports tailored to their particular needs. They were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.

Timely access to the service

Patients booked appointments through a central appointments system. Appointments were available at varied times Monday to Friday. Staff advised there was rarely any difficulty in providing appointments that met patients' needs. Many patients were able to see a GP or nurse at their workplace, at one of the branch locations

offered by the service. For London based patients, if appointments were not available at a convenient time or on a convenient day, they could opt to be seen at the main service location at 25 Hosier Street, London.

Patients who needed to access care in an emergency or outside of normal opening hours were directed to the NHS 111 service.

Listening and learning from concerns and complaints

There was a lead member of staff for managing complaints and all complaints were reported through the provider's quality assurance system. This meant any themes or trends could be identified and lessons learned from complaints were shared across the provider's locations.

The provider had a complaints policy and procedure and information about how to make a complaint. The complaints policy contained appropriate timescales for dealing with a complaint.

Information about how to make a complaint was available in the service waiting area and in the patient handbook. We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the event.

Four complaints had been received in the last year. We reviewed two complaints and found that the complaints had been satisfactorily handled and that patients were responded to in a timely and appropriate way.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality sustainable care, and to address risks to it. Leaders at all levels were visible and approachable, and worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

There was a clear leadership structure in place and staff felt supported by management. Staff we spoke with told us management were approachable and always took the time to listen to them. Staff had been provided with good training opportunities linked to their roles, responsibilities and professional development goals.

Vision and strategy

The provider had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart. There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve its priorities. Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff we spoke to said they felt respected, supported and valued, and there was a strong emphasis on the safety and well-being of all staff.
- 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and

career development conversations. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff we spoke to said they felt they were treated equally.
- There were positive relationships between staff members. There were regular staff meetings and minutes showed evidence that actions identified at meetings were followed up.

Governance arrangements

There was a clear organisational structure and staff were aware of their roles and responsibilities. A range of service specific policies and procedures were in place to govern activity. These were available to all staff, and were reviewed regularly and updated when necessary.

The service held regular meetings including staff and clinical meetings, and systems were in place to monitor and support staff at all levels. This included having a system of key performance indicators, carrying out regular audits, risk assessments and quality checks and actively seeking feedback from patients.

Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

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. Risk assessments we viewed were comprehensive and had been reviewed within the last 12 months. The service manager and Primary Care Medical Director had oversight of relevant safety alerts, incidents, audit results and complaints.

The service had a number of policies and procedures in place to govern activity and these were accessible to all

Are services well-led?

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

staff. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE).

Appropriate and accurate information

Systems were in place to ensure that all patient information was securely stored and kept confidential.

There were policies and IT systems in place to protect the storage and use of all patient information. There was a business continuity plan in place which included minimising the risk of not being able to access or losing patient data. Copies of the plan were accessible off-site.

Engagement with patients, the public, staff and external partners

Patients were actively encouraged to provide feedback on the service they received. This included a feedback box in the reception area and, following health assessments, patients were encouraged to complete an annual survey about the service they had received. This was monitored

and action would be taken where feedback indicated the quality of the service could be improved. Recent results showed that patients were satisfied with the care they received from the service.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. Staff were encouraged to identify opportunities to improve the service delivered through team meetings, and the appraisal process.

One of the organisations for which the service provided in-house GP consultations offered its staff a free annual medical check-up with the service. But staff were required to schedule the check-ups themselves and this had, in previous years, resulted in there being late applications for the check-ups and so a number of staff members not receiving their annual check-up. The service recognised this and was actively promoting the check-ups to any staff of that organisation they saw during the year.