

Berkshire Health Limited

# Berkshire Health Craven Road

## Inspection report

23 Craven Road

Reading

Berkshire

RG1 5LE

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## Overall summary

We carried out an announced comprehensive inspection of Berkshire Health Craven Road based in Reading on 18 October 2017 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 not 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.

### Background to Berkshire Health Craven Road

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 Berkshire Health Craven Road was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Forbury Clinic was founded in 2011 and has two sites, 'The Forbury Clinic - Kendrick Road' and 'The Forbury Clinic - Craven Road' both situated close to the centre of Reading, Berkshire. This inspection was of The Forbury Clinic – Craven Road. As The Forbury Clinic has grown, its specialties' covered have expanded to include Urology, Spinal Surgery, Plastic Surgery, Gynaecology, Physiotherapy, ENT Surgery, Eye Surgery, Oncology, Medical Imaging, Antenatal Scanning, Hand Surgery, Bariatric Surgery, General Surgery, Speech Therapy and Ophthalmology.

The Forbury Clinic is a group of surgeons and medical professionals who aim to provide the highest standard of care and treatment within comfortable and spacious surroundings. They operate from two buildings 11

# Summary of findings

Kendrick Road and 23 Craven Road, both purposefully refurbished to provide consulting, diagnostic and treatment over a variety of specialty areas of medicine and surgery.

The consultants hold substantive posts at NHS hospitals and appear on the General Medical Council (GMC) Specialist Register. The service is also supported by a team of specialist nurses and healthcare professionals and a team of administrators.

All registered services for this inspection are provided from:

- Berkshire Health Craven Road , 23 Craven Road, Reading , RG1 5LE

This service is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The premises at Berkshire Health Craven Road consisted of a three storey building. The ground floor consisted of a reception area, a consulting room, a treatment room, and the practice managers office. There were three further consulting rooms and a treatment room on the second floor and a further treatment and consulting room on the third floor.

The quality assurance manager is the registered manager. (A registered manager is someone who has been selected by a provider to be legally responsible for managing regulated activity from a provider location).

The service was open between 9am and 5pm Monday to Friday. Out of regular clinic hours patients were advised to contact their GP or the local hospital if required.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. All of the 46 patient comment cards we received were positive about the service experienced. Patients said they felt the Berkshire Health Craven Road offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect and the

care they received exceeded their expectations. Patients stated they felt all the staff took an interest in them as a person and overall impression was one of wanting to help patients.

## Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- Procedures were in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection and compliance with these was monitored. However, the provider did not receive patient safety and medicine alerts. This was rectified on the day of inspection.
- The safeguarding lead was one of the nursing team and they had completed adult safeguarding training and level three safeguarding children training. All staff had completed appropriate levels of child safeguarding training relevant to their role.
- Procedures for emergency medicines and equipment needed to be reviewed and risk assessed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about their care.
- Staff were supported to receive training appropriate to their role and to keep up to date with developments and best practice.
- All written and verbal feedback from patients told us they had very positive experiences of the service and felt they were treated with respect, compassion and dignity.
- Treatment plans were tailored to individual needs and according to the best options for treatment at that time.
- Patients told us they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.
- Information about services and how to complain was available and easy to understand.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

# 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 not providing safe care in accordance with the relevant regulations.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the service.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. Patients were told about any actions to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The safeguarding lead was one of the nursing team and they had completed adult safeguarding training and level three safeguarding children training. All staff had completed appropriate levels of child safeguarding training relevant to their role.
- Procedures were mostly in place for monitoring and managing risks to patient and staff safety. For example, there were arrangements to prevent the spread of infection and compliance with these was monitored. However, the provider did not receive patient safety and medicine alerts. This was rectified on the day of inspection.
- Procedures for emergency medicines and equipment needed to be reviewed and risk assessed.
- We found equipment was visibly clean throughout the service, and staff had a good understanding of responsibilities in relation to cleaning and infection prevention and control.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

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### **Are services effective?**

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

- There was evidence that staff were aware of current evidence based guidance.
- The service had a system to assess and monitor the quality of service that patients received by conducting regular audits.
- There was evidence of clinical supervision, mentorship or support. The provider supported clinicians in their continuing professional development.
- Staff sought patients' consent to care and treatment in line with the specialist treatment provided. Before patients received any care or treatment they were asked for their consent and the service acted in accordance with their wishes. We saw that the service had various consent policies and robust procedures to ensure these were complied with.

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### **Are services caring?**

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

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# Summary of findings

- All written and verbal feedback from patients told us they had very positive experiences of the service and felt they were treated with respect, compassion and dignity.
- There were patient information literature which contained information for patients and relatives including procedural information. This included relevant and up to date information including what can be treated, how the treatment is given and the advantages and disadvantages of the different types of treatment.
- Patients confirmed that they received both a detailed verbal description and a treatment plan when a course of treatment was proposed.
- Staff spoke with passion about their work and told us they enjoyed what they did.

## **Are services responsive to people's needs?**

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

- Treatment plans were specific to individual's needs.
- Patients told us they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the service responded quickly to issues raised. Learning from complaints was shared with staff.

## **Are services well-led?**

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

- The service had a number of policies and procedures to govern activity.
- Staff told us they had received inductions and role specific training including appraisals. Evidence was demonstrated in accurate, well-kept personnel files.
- There were a variety of regular reviews in place to monitor the performance of the service. These included random reviews for consultations and treatments, for example reviews on consent and surgical site infections.
- The provider ensured continuous learning and sharing of information

# Berkshire Health Craven Road

## Detailed findings

### Background to this inspection

The inspection was carried out on 18 October 2017. Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Prior to the inspection we asked the service to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We carried out an announced visit on 18 October 2017. During our visit we:

- Spoke with a range of staff including the registered manager, the practice manager, three nurses and three doctors.
- Reviewed the outcomes from investigations into significant events and audits to determine how the service monitored and improved its performance.
- Checked to see if complaints were acted on and responded to.

- Observed the premises to check the service provision was in a safe and accessible environment.
- Reviewed documentation which governed the day to day running of the service including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.
- Spoke with two patients who had recently used the service.
- Reviewed 46 comment cards where patients shared their views and experiences 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 five 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 not providing safe care in accordance with the relevant regulations.

### Reporting, learning and improvement from incidents

There was an effective system in place for reporting and recording significant events. This was supported by a significant event policy.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available.
- In the last 12 months, two incidents had been recorded. We saw the service had carried out an analysis of the events and had implemented the learning.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the service. For example, following an incident with the sterilisation of equipment a new protocol was developed and implemented to mitigate the risks of reoccurrence.

Staff were able to describe the rationale and process of duty of candour, Regulation 20 of the Health and Social Care Act 2008. This relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

We were told during the inspection that the service did not receive patient safety and medicine alerts. The provider rectified this on the day of inspection and they told us they would retrospectively look at the alerts to see if they applied to their service.

### Reliable safety systems and processes (including safeguarding)

The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who

to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The safeguarding lead was one of the nursing team and they had completed adult safeguarding training and level three safeguarding children training. All staff had completed appropriate levels of child safeguarding training relevant to their role.

- Notices in the reception area advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- We reviewed five personnel files and found that all recruitment checks had been undertaken prior to employment. The provider's recruitment policy clearly stated that checks required included: proof of identification, two references, proof of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

### Medical emergencies

There were arrangements in place to deal with a clinical or medical emergency.

- We saw all staff were trained in basic life support (BLS) and emergency medicines (including oxygen) and emergency equipment was accessible to staff in a secure area of the service. We saw the location of the emergency medicines/equipment had appropriate signage and all staff knew of the location.
- The emergency equipment was located in an emergency trolley on the ground floor outside the treatment room. Staff told us they would take the trolley up to other floors in the lift when required. However, there was no assessment of the risks if the lift could not be used. All the emergency medicines we checked were in date and fit for use and there was an automatic external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electric shock to attempt to restore a normal heart rhythm in an emergency.

# Are services safe?

- There was no risk assessment of the emergency medicines that were available. The provider had appropriate medicines to deal with certain situations, such as heart attack. However, they had not considered whether other medicines, such as pain relief and benzylpenicillin (to treat blood poisoning) was required.

## Staffing

The service had an appropriate recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing staff, to cover each other's annual leave. A process was in place to manage staff absences. Staff told us there was always enough staff to maintain the smooth running of the service. They provided cover for each other during annual leave or sick leave.

## Monitoring health & safety and responding to risks

The service had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the service. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment.

- We saw a health and safety policy which was supported by a health and safety risk assessment. The risk assessment had considered risks of delivering services to patients and staff including systems to reduce risks. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. Health and safety information was displayed for staff to see and the practice manager was the identified health and safety representative.
- There was an up to date fire risk assessment, staff had received fire safety training and the service carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use.
- The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and an legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a business continuity plan in place for major incidents such as power failure or building damage. Contact details for key members of staff were included.
- The provider ensured that all confidential information was stored securely and in line with current guidelines. Information sent via email was password protected and they had an agreement to ensure data would be stored for the appropriate length of time should the provider cease to trade.

## Infection control

The service maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. We found equipment was visibly clean throughout the service, and staff had a good understanding of responsibilities in relation to cleaning and infection prevention and control. During the inspection we saw the service implemented a regular monitoring system to formally monitor cleanliness.
- The lead nurse was the infection prevent control (IPC) lead. There was an infection prevention control policy in place. We saw all staff had received up to date IPC training. We saw evidence that infection control audits occurred regularly. The last audit also included an IPC risk assessment to monitor any potential risks.
- In the last 12 months, we saw data which reported there had been no surgical site related infections.
- Records showed that all clinical staff underwent screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections
- We saw hand washing facilities and hand sanitising gel was available at point of care in all treatment rooms, including other areas of the service.
- All waste was kept appropriately in a clinical waste bin until collected. We found that the waste bin was locked and securely stored.

## Safe and effective use of medicines

## Are services safe?

During our inspection we looked at the systems in place for managing medicines. We spoke to the staff regarding the governance, administration and supply of medicines.

- Medicines were stored appropriately in the service and there was a clear audit trail for the ordering, receipt and disposal of medicines. There were processes in place to ensure that the medicines were safe to administer and supply to patients.
- We checked medicines held for use for day to day treatment all were within their expiry dates and there

was a system in place for monitoring the expiry dates and ensuring medicines were held safely and securely. Any medicine prescribed was supported by a prescription, including batch number and an entry in the patient's record.

- The service used solely private outpatient prescriptions; we saw a system in place for the governance of these prescriptions.



# 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.

### Assessment and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Systems were in place to keep all clinical staff up to date. This included access to guidelines from NICE and the British National Formulary. We saw this information was used to deliver care and treatment that met patient's needs.
- The service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Patient outcomes

We saw the service had an effective system to assess and monitor the quality of service that patients received by conducting regular audits. We saw the service used recognised tools to ensure fair and objective auditing. There was evidence that audits and survey results were analysed and discussed.

- The provider also completed a variety of audits with a view to improve patient care and safety. These included audits of records, infection prevention and control and clinical and medicine records.
- We also looked at completed patient surveys. We saw the service had reviewed and analysed the results of the surveys, with previous years to ensure that their standards were high and any trends or patterns could be identified.

### Staff training and experience

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- There was an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- Clinical staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continual professional development (CPD) to regularly update their skills. This showed the provider ensured all relevant training was attended so that staff were working within their sphere of competency. Training certificates we saw also evidenced that staff attended off site training as a team for example training in basic life support. This demonstrated that the service was supporting their staff to deliver care and treatment safely and to an appropriate standard. We spoke with members of staff who confirmed they had their learning needs identified and they were encouraged to maintain their professional expertise by attendance at training courses.

### Working with other services

- There was evidence of the service working with other services. With patient consent there was routine sharing of information with NHS GP services. In addition, we saw the service shared relevant information, with the patients consent, with other independent services when necessary.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with the treatment provided. For example:

- The service was able to demonstrate that all staff understood the relevant consent and decision-making requirements of legislation and guidance.
- Before patients received any care or treatment they were asked for their consent and the service acted in accordance with their wishes. We saw that the service had various consent policies and robust procedures to ensure these were complied with. For example, there were consent forms for each different procedure, and where a person had various treatments, the appropriate written consent was sought for each. Written consent was obtained after a description of the potential associated risks and benefits. This ensured that appropriate levels of consent were sought. Once confirmed the consent documents were scanned into the person's treatment records and stored appropriately.
- The service displayed full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments.

# Are services effective?

(for example, treatment is effective)

This was displayed in the reception area and was included in all patient literature information packs. This information clearly outlined what was and what wasn't included in the treatment costs.

# Are services caring?

## Our findings

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

### **Respect, dignity, compassion & empathy**

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

- We were told that treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Staff were mindful of the confidentiality policy when discussing patients' confidential information to ensure that it was kept private.
- Staff within the service knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Furthermore, appointment times were planned to ensure the likelihood of a busy reception area was reduced.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the service. We received 46 completed cards all were highly positive about the service experienced. Patients said they had received an excellent service and staff were sincere, welcoming and caring. Comments said staff treated them with respect and were genuinely interested in their wellbeing.

We also spoke with two patients who had all recently used the service. All verbal comments aligned with the positive written feedback. Verbal comments expressed gratitude towards staff and stated how fortunate they felt to have such an excellent service locally with many patients expressing how they would recommend the service to others.

There was an in-house patient satisfaction survey which were provided to patients.

We reviewed the last completed patient satisfaction survey and saw:

- 99% of patients rated the explanation of their treatment by the consultant as positive.
- 99% of patients were satisfied with the care and attention received from the consultants.
- 99% of patients stated that they were treated with dignity and as an individual.

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

Patient feedback (written and verbal) told us that they felt involved in decision making about the care and treatment they received.

- Staff introduced themselves by name to the patient and relatives.
- There was patient information literature which contained information for patients and relatives including procedural information. This included relevant and up to date information including what can be treated, how the treatment is given and the advantages and disadvantages of the different types of treatment.
- We saw that treatment plans were personalised and patient specific which indicated patient and their relatives were involved in decisions about care and treatment.
- Feedback highlighted patients felt involved in decision making about the care and treatment they received. They also told us 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting patients' needs

The service at Berkshire Health Craven Road could be accessed through the website, <http://www.theforburyclinic.co.uk>, in person by attending the service or through a telephone enquiry.

- Treatment plans were tailored accordingly. Where multiple procedures were required, the procedures could be broken down into manageable sessions.
- Patients we spoke with told us (and comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.
- The service provided continuity of care to their patients by ensuring they saw the same consultant each time they attended.

### Tackling inequity and promoting equality

The service offered appointments to anyone who requested one (and had viable finance available). The service did not discriminate against any client groups, improvements could be made to further improve access for all patients wishing to access the service.

- The service had disabled access, and the treatment room was on the ground floor. If patients were unable to use the stairs they would be able to have their consultation on the ground floor.
- For patients whose first language was not English the service advised they were able to provide a medical interpreter. We were told that the vast majority of patients attending the service were able to speak English.
- There was a hearing loop for patients who experience hearing difficulties.

### Access to the service

- The service was open between 9am and 5pm Monday to Friday.

- Bookings were recorded on an electronic booking system. This included full personal details as well as free text notes that related to the individual patient. Notes of calls or other contact from patients were also recorded on this system.
- Patient feedback we received confirmed they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.
- We saw the appointment system and the waiting time at the time of our inspection was 1-2 weeks although if there was an emergency, cancellations or other exception circumstances, patients could be seen at much shorter notice.

The recently completed in house survey showed:

- 99% of patients rated the ease of making an appointment as positive.
- 99% of patients rated the length of time to wait for an appointment as positive.

### Concerns & complaints

There was an effective system in place for handling complaints and concerns.

The provider had a complaints policy which set out the process for dealing with complaints. This included:

- Investigation of any complaint would take place.
- That a response would be made within 28 days.

The practice manager was the designated responsible person who handled all complaints in the service. Any complaints which required a clinical review included the clinical staff members.

There was a complaints procedure available to help patients understand the complaints system; this was on display in the waiting area. There was also a section on the services website which allowed patients an opportunity to complain, compliment or make suggestions.

We looked at two of the eleven complaints which had been received in the last 12 months. On review we found all were satisfactorily handled and dealt with in a timely way. The service demonstrated an open and transparent approach

# Are services responsive to people's needs? (for example, to feedback?)

in dealing with complaints. Although no trends could be analysed, the service discussed complaints and told us they would share any lessons that were learnt from concerns and complaints to improve the quality of care.

# 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 well-led care in accordance with the relevant regulations.

### Governance arrangements

The service had a governance framework which supported the delivery of the strategy and good quality care.

- Service specific policies and procedures were in place and accessible to staff. These included guidance about confidentiality, record keeping, incident reporting and data protection. There was a process in place to ensure that all policies and procedures were kept up to date.
- The service identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks. All the risk assessments had identified risks and how to mitigate risks.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The service had a system in place to ensure that all patient information was stored and kept confidential. One registration was with an external clinical data storage company who acted as guardians of data and the other registration was with the Information Commissioner's Office. We saw the business contingency plan included elements of actions which reviewed the risk of losing patient data.

### Leadership, openness and transparency

All staff had the experience, capacity and capability and worked together to run the service and ensure patients

accessing the service received high quality care. It was evident through discussions with staff the service prioritised compassionate care. Staff spoke of a commitment to help treat patients attending the service.

Staff told us that the leadership team was approachable and always take the time to listen to members of staff.

- Staff told us that the service held monthly team meetings.
- Staff told us that there was an open culture within the service and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- The culture of the service encouraged candour, openness and honesty. Staff we spoke with told us the service had a 'no blame' culture and that they would have no hesitation in bringing any errors or near misses to the attention of the management team.

### Provider seeks and acts on feedback from its patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff.

- There was a system in place to seek and act upon feedback from patients using the service. For example, patient satisfaction surveys were provided to patients throughout the different stages of accessing services.
- The service reviewed the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.
- Staff we spoke with told us their views were sought informally and also formally during service meetings and at their appraisals. They told us their views were listened to, ideas adopted and that they felt part of a team.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- There was no system in place to receive safety and medicine alerts.
- There was no risk assessment in place for the emergency medicines contents and the transportation of the emergency equipment.