

Daleswood Health

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Good overall. (Previous inspection May 2019 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Daleswood Health on 15 November 2021 to pilot the changes to how CQC are monitoring services in response to the COVID-19.

CQC inspected the service on 15 May 2019 and rated the service as Good, there were no breaches in the regulatory requirements.

Daleswood Health provides an independent GP consulting service to children and adults of all ages.

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 schedule 1 and schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Daleswood Health provides non-surgical cosmetic interventions which are not within CQC scope of registration. Daleswood Health services are also provided to patients under arrangements made by their employer a government department or an insurance provider with whom the service user holds an insurance policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Daleswood Health, we were only able to inspect the services which are not arranged for patients by their employers or a government department or an insurance provider with whom the patient holds a policy (other than a standard health insurance policy).

As part of the inspection, we received feedback from 42 patients via the CQC website. All were positive about the service. Patients described staff as professional, caring and kind. They told us that they received a timely service and enjoyed the continuity of care when needed.

Our key findings were:

- The service provided care in a way that kept patients safe.
- There were effective systems in place to protect patients from avoidable harm.
- Policies and procedures were in place to support the delivery of safe services.
- The premises and equipment were well maintained, risk assessments were undertaken to ensure the safety of patients and staff.
- The practice had systems and processes in place to minimise the risk of infection and had put in place additional measures during the COVID-19 pandemic.
- Appropriate checks were undertaken when recruiting new staff.

Overall summary

- Staff received appropriate training and guidance to deal with medical emergencies. The practice had risk assessed medicines and equipment they needed to stock in an emergency and had adjusted the medicines held since our previous inspection. However, the risk assessment did not mitigate against all recommended emergency medicines that were not routinely held.
- There were systems in place for identifying, acting and learning from incidents and complaints.
- Patients received effective care and treatment that met their needs. Our review of clinical records found appropriate care and treatment was being provided. Where appropriate the provider shared information with the patients NHS GP to support the safe care and treatment and continuity of care.
- The provider had invested in various diagnostic equipment including an ultrasound and mole mapping technology to support timely diagnosis and improved outcomes for patients.
- Patients were supported to live healthier lives, through education and support.
- Since our previous inspection we saw that the provider had undertaken quality improvement activity.
- Staff received appropriate training and competency checks and had annual appraisals to discuss any learning and development needs.
- Services available and fees were clearly displayed on the provider website.
- Staff treated patients with kindness and respect. Feedback obtained from patients was very positive about the service they received.
- Patient's received timely care and treatment to meet their needs.
- Governance arrangements supported the delivery of safe and effective care.

We saw the following outstanding practice:

- The service provided point of care ultrasound scans. This had led to the early and timely detection of health conditions. The provider was able to provide several examples how this had impacted positively on patients outcomes which led to timely treatment for urgent and potentially life threatening conditions.

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

- Include rationale and mitigation for all recommended emergency medicines not routinely stocked within the emergency medicines risk assessment.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team consisted of a CQC lead inspector and a GP Specialist Advisor to CQC.

Background to Daleswood Health

Daleswood Health is an independent GP consulting service located in the village of Barston, near Solihull in the West Midlands. The service has been registered since May 2016 to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures and treatment of disease, disorder or injury.

The service moved to Barn House in April 2017. The building has two floors, there are two entrances, one of which is suitable for wheelchair access. There are three consulting rooms on the ground floor and on the first floor there is an administrative office and an open area for meetings. There is an additional consulting room on the first floor used by the chiropodist. There is car parking available.

The service is a partnership of two GPs (one male and one female). One of the GP partners is also 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.

Other staffing include a service manager/administrator and two reception staff. Daleswood Health also hosts a variety of services including physiotherapy, cognitive behavioural therapy, podiatry, lifestyle medicine and consultant surgeons.

The service is open from 8am to 8pm Monday to Friday and from 9am to 1pm on Saturdays. Appointments are also available outside of these hours by prior arrangement.

Patients accessed the service on a pay as you go or as part of a health plan arrangement.

Daleswood Health is not required to provide an out of hours service. Patients who need medical assistance outside core opening hours would need to contact the NHS 111 service or A&E if urgent.

How we inspected this service

During the inspection we spoke with staff, reviewed information made available to us by the provider, reviewed a sample of clinical records, made observations and obtained patient feedback through the CQC website.

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?

We rated safe as Good because:

Daleswood Health demonstrated that they provided services for patients in a manner that ensured patients' and staff safety.

We identified an area the provider should improve:

- **The risk assessment for emergency medicines not routinely stocked did not include the rationale and mitigation for all recommended emergency medicines.**

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. There was a nominated safeguarding lead for the service. All staff received up-to-date safeguarding and safety training appropriate to their role and knew how to identify and report concerns.
- 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 service had systems in place to assure that an adult accompanying a child had parental authority.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We saw that Disclosure and Barring Service (DBS) checks were undertaken for all staff, in line with the service's policy. (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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There were systems to manage infection prevention and control (IPC). IPC policies were in place and accessible to staff. There were arrangements in place for the routine cleaning of the premises and records maintained demonstrate this. Time was allocated between patients for clinicians to clean equipment used between patients and additional arrangements had been put in place due to the COVID-19 pandemic to protect patients and staff. The service had carried out an IPC and hand hygiene audits with staff in the last 12 months.
- There were systems for safely managing healthcare waste.
- The provider had completed an inhouse legionella risk assessment and undertook regular checks of the water.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence of portable appliance testing and calibration of equipment in place.
- The provider carried out health and safety risk assessments to maintain the safety of those who used the service and staff. These had been reviewed in the last 12 months.

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. Staff told us that the administrative team worked flexibly if cover was needed and a locum GP was used in the absence of both GP partners.
- There was an induction process for locum staff working at the service on a temporary basis.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The service did not routinely provide urgent care but would try to see patients quickly if they were available. If this was not possible staff would direct patients to other appropriate emergency and urgent services. We saw that staff had received training in basic life support and sepsis within the last 12 months.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover potential liabilities. Both GP partners had current medical indemnity policies in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly, including oxygen and a defibrillator. The provider had reviewed their emergency medicines since our previous inspection and had adjusted what they stocked. The practice had also completed a risk assessment relating to the emergency medicines and equipment they felt were appropriate for the service. However, this did not fully cover rationale for all recommended medicines they did not routinely stock and mitigation for their absence.

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 and we saw examples of this.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines and emergency medicines. We saw appropriate checks and monitoring of medicines in place.
- The service had carried out an antibiotic audit for skin infections to ensure prescribing was in line with best practice guidelines for 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety. Our review of a sample of clinical records found appropriate prescribing in place.
- There were systems for verifying the identity of patients.

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 to support safety improvements.

Are services safe?

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.
- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons and identified themes and took action to improve safety in the service. The provider shared examples of reported incidents they had investigated and acted on for example, a system had been implemented for following up two week wait referrals and they had followed up a system issue where an appointment had inadvertently been cancelled.
- The provider was aware of and complied with the requirements of the Duty of Candour and were able to give an example of this. The provider encouraged a culture of openness and honesty.
- 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. We saw evidence that incidents and safety alerts were routinely discussed at the provider's quarterly business meetings.

Are services effective?

We rated effective as Good because:

We found the service was providing effective care in accordance with the relevant regulations. The provider was able to offer some diagnostic testing that supported timely care and treatment and supported improved outcomes for patients.

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 and delivered care and treatment in line with current legislation, standards and guidance.

- 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 guidance. Evidence based guidance was discussed at the practice meetings and staff were able to give examples of discussions they had held. A clear rationale was given where national guidance was not followed.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Our review of clinical records confirmed this.
- We saw from our review of 10 clinical records that clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The practice had invested in various equipment including ultrasound and mole mapping. The service was able to give several examples as to how this equipment had aided the timely diagnosis, care and treatment of patients leading to improved outcomes.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- At our previous inspection in May 2019 we found limited quality improvement activity. At this inspection, the service shared with us an antibiotic audit that had led to improved prescribing. The service had also undertaken various case reviews to support service improvements.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The doctors were registered with the General Medical Council (GMC) and participated in the appraisal and revalidation process. This is the process by which the GMC confirms the doctor's licence to practise in the UK.
- The GPs also worked in the NHS and were able to use this experience at the practice.
- 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.
- All staff received annual appraisals to discuss their performance and development needs.
- New staff underwent an induction programme in which their competencies were assessed.
- The provider had identified training requirements for staff and maintained records of staff completion of this training.

Are services effective?

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. During our review of clinical records, we saw information was regularly shared with the patient's NHS GP as appropriate. The service explained how as a private service they sometimes experienced difficulties receiving information and feedback from the NHS and had put in safety measures to ensure this didn't affect patient care. For example, systems for following up two week wait referrals.
- The practice hosted various services including consultants, podiatry, psychotherapy and physiotherapy which they could refer or signpost patients to.
- 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.
- 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, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately. Consent was routinely sought for sharing information with a patient's NHS GP.

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 and made use of additional wellbeing services hosted on site. For example, the service provided reversing type two diabetes education to promote better outcomes for patients through lifestyle changes.
- Patients on the healthcare plan received an annual health check.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Prior to the COVID-19 pandemic the provider ran various information events which were open to all. These had included sessions on the menopause, men's health and weight management. They were hoping to commence these again in the future.

Consent to care and treatment

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

Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Staff were able to give examples of how this had applied in their work.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider was clear about the cost of services and these were available on their website before patients consulted with the service.

Are services caring?

We rated caring as Good because:

Evidence seen demonstrated that Daleswood Health provided a caring service in which people were treated with compassion, dignity and respect. Feedback received from patients was very positive.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people and the care they received. We received feedback from 45 patients as part of the inspection through the CQC website. Feedback was consistently positive, patients described the service as professional, caring and helpful and stated they were very happy with the service they received. This was consistent with other reviews seen on online forums.
- At the time of the inspection the provider was in the process of undertaking an in-house patient satisfaction survey. We saw that there had been approximately 20 responses to date, all were positive.
- We received comments from patients that told us how staff 'went the extra mile' to meet their care needs.
- Staff had access to customer service training.
- Staff understood patients' personal, cultural, social and religious needs. Feedback received indicated that staff displayed an understanding and non-judgmental attitude to patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- The provider had information to arrange for Interpretation services if needed but told us that they had not had cause to use it.
- Feedback received indicated that patients were happy with their involvement in decisions about their care and treatment. Sufficient time was given during consultations to enable patients to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of and took measures to ensure people's dignity and respect when using the service.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was information at reception alerting patients to this.
- Confidentiality was covered as part of new staff induction and staff signed a confidentiality agreement as part of their employment.

Are services responsive to people's needs?

We rated responsive as Good because:

Daleswood Health provided a responsive service. They made reasonable adjustment and delivered services that met the needs of their patients in a timely way.

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. The provider aimed to deliver a flexible service that met the individual needs of their patients
- The facilities and premises were appropriate for the services delivered. The premises were well maintained and equipped to support timely diagnosis and treatment of patients.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. There were disabled toilet facilities and nappy changing facilities. There was onsite parking and access to the building was on a level. The GP consulting rooms were located on the ground floor.
- There was a hearing loop available for those with a hearing impairment.
- Home visits were available as part of the service offered.
- Patient feedback received demonstrated patients appreciated the continuity of the care they received from the GPs.

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 an initial assessment, test results, diagnosis and treatment. The provider was able to undertake many tests offered on the day of the appointment and provide a timely turnaround of results.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Appointments were available 8am to 8pm Monday to Friday and 9am to 1pm Saturday. Although the provider did not offer an urgent care service the provider would try to be flexible if they received an urgent request outside these times.
- Patients were usually able to obtain an appointment within 24 hours if needed.
- Feedback we received from patients told us that they were able to be seen in a timely manner for their needs.
- Patients were able to book appointments in a variety of ways including online, telephone and by text.
- Referrals and transfers to other services were undertaken in a timely way. The practice was able to provide an example as to how the use of ultrasound had identified and led to emergency referral to hospital and prompt treatment.

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 a complaint policy and procedures in place which were available in a folder in the waiting area.

Are services responsive to people's needs?

- Complaints were discussed at the practice business meetings and any learning identified.

Are services well-led?

We rated well-led as Good because:

We found Daleswood Health to be well-led. The service was well-organised and supported by clear policies and procedures. The leadership and the culture of the services supported the delivery of high quality care.

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, these included working with NHS partners.
- 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.
- We found the service well organised and managed.

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 provider told us how they aimed to deliver a traditional family GP practice, that was also progressive in the approach to the healthcare patients received.
- The provider was forward thinking and aimed to provide equipment and technology to support early diagnosis and treatment.
- The general practice worked alongside other healthcare professionals which enabled them to provide a comprehensive range of services to meet patient needs.
- The service had a realistic strategy and supporting business plans to achieve 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 felt respected, supported and valued.
- The service focused on the needs of patients and provided personalised care and treatment.
- 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. Staff provided examples where they had addressed patient concerns. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff were able to 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 appropriate.
- There was a strong emphasis on the safety and well-being of all staff. During the pandemic staff were supported to work from home if they needed to.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

Are services well-led?

- 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. Joint working arrangements with hosted services promoted co-ordinated person-centred care.
- The provider held quarterly business meetings to support the governance of the service. Information was shared with the administrative team through a weekly debrief meeting.
- 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 case study reviews and clinical audit.
- Clinical audit supported quality improvement.
- Leaders had oversight of safety alerts, incidents, and complaints which were discussed at the business meetings as standing agenda items.
- The provider had plans in place and had trained staff for major incidents. This included medical emergencies and business continuity.
- The provider had a business continuity plan in the event of service disruption which was reviewed annually. The plan included relevant contact details for various services that might be needed.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- Clinical records reviewed were comprehensive and well maintained to support any ongoing care and treatment.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Records were stored electronically using secure systems.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

- The service received feedback from patients through their own comment cards, approximately 20 had been received in the last 12 months, all of which were positive. They also received feedback from online reviews and any complaints. At the time of the inspection, the provider was in the process of undertaking an inhouse survey to gain the views and any concerns from the public.
- The provider worked with stakeholders to ensure the appropriate sharing of information to support care and treatment.
- Staff were able to provide feedback on an informal basis as a small team and through appraisals and briefing sessions.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The service was particularly proud their point of care ultrasound testing which enabled them to make timely referrals. They were able to give several examples as to how this provision and made a significant impact to the health and wellbeing outcomes of patients who received prompt care and treatment.
- The service provided other diagnostic services including mole mapping to support early diagnosis of skin cancers.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Staff received regular appraisals to discuss learning and development needs and their performance.
- Prior to COVID-19 pandemic the provider had delivered information sessions free to all, which they hoped to resume in the near future.