

The Berkshire Medical Practice

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?	Good 
Are services well-led?	Good 

Overall summary

This service is rated as Good overall.

The previous inspection was in January 2019.

Since the January 2019 inspection, our methodology to regulate independent doctors and clinics providing primary care services has changed, the February 2020 inspection was therefore a rated inspection and 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 The Berkshire Medical Practice on 4 February 2020 to follow up on a breach of regulation and to provide ratings for all key questions.

Care Quality Commission (CQC) inspected the service on 23 January 2019 and asked the provider to make improvements because although the care being provided was safe, effective, caring and responsive, it was not being provided in accordance with the relevant regulations relating to well-led care. Specifically, we found the provider had breached Regulation 17 (good governance) of the Health and Social Care Act 2008. This was because there were governance concerns over identifying and responding to risk, there was an absence of a system to monitor staff training requirements, there was no established programme of quality improvement activity and patient feedback had not been recorded or documented.

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

The Berkshire Medical Practice is a private GP service located in Maidenhead, Berkshire. They offer a variety of services including GP appointments, long term conditions management and monitoring, travel vaccinations, health checks/health screening and maternity care.

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 exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014. The Berkshire Medical Practice provides a range of non-surgical cosmetic interventions, for example anti-wrinkle treatments and Botox injections which are not within CQC scope of registration. In addition, they offer joint injections which is also not within CQC scope of registration. Therefore, we did not inspect or report on these services.

There are three GPs who founded the service and are jointly responsible for the day-to-day running and organisation of the service. All three GPs are the CQC registered managers. 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 our inspection we asked for CQC comments cards to be completed by patients prior to our inspection. We received four cards which were all positive about the services provided, GPs and standard of care they received. There were no patients available to speak with during the inspection day.

Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse.
- There were systems and processes in place to manage risk.
- When incidents did occur, the service learned from them and improved their processes.
- The service ensured that care and treatment was delivered according to evidence based research or guidelines.
- The service introduced a system to review and monitor the essential training needs of all GPs and could demonstrate all GPs had up to date training.
- There was a focus on quality improvement activity and we saw two clinical audits which demonstrated actions taken to improve quality.
- The service encouraged and monitored patient feedback with the introduction of an annual patient survey and by monitoring online reviews. Patient comment cards, online reviews and the provider patient survey were positive about the care and treatment provided at the service.
- The culture of the service encouraged candour, openness and honesty.

Overall summary

- There were effective systems and governance processes in place to identify and respond to risk.

The area where the provider **should** make improvements is:

- Consider implementing a system to document verbal compliments to further improve monitoring of patient feedback.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection was led by a Care Quality Commission (CQC) lead inspector, the team included a GP specialist adviser.

Background to The Berkshire Medical Practice

The Berkshire Medical Practice is located in a purpose-built building in Maidenhead, Berkshire. It shares the building with an NHS GP service and has its own waiting room and clinical room. Services are provided by The Berkshire Medical Practice Ltd.

The service is registered with the CQC to provide the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury.

All services and regulated activities are carried out from:

Symons Medical Centre Building

1st Floor Suite

25 All Saints Avenue

Maidenhead

SL6 6EL

Patients can access services by calling the telephone number between 8am and 2pm Monday to Friday or by contacting a dedicated mobile telephone number at other times. Patients can also access service information and make appointments through the website:

The service has core opening hours of 7am to 7pm and patients can book appointments at other times by prior arrangement. The service is not required to provide out of hours services and patients are advised to contact their NHS GP out of hours provider if required. However, the service states they will arrange out of core hours appointments by request, including evenings up to 11pm and weekends.

During this inspection we interviewed two of the three GPs, reviewed service documents and patient records and received written feedback from patients.

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 the service as good for providing safe services.

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. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service saw children under the age of 18. We saw there was a system in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The GPs took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had not been required to carry out any staff checks as they had not recruited any staff to the service since the January 2019 inspection. We saw all three GPs had an appropriate 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 also reviewed the GPs revalidation and appraisal documents and found these to be up to date and meeting the requirements of their regulatory body.
- The GPs had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The GPs had also attended training to increase their awareness of female genital mutilation and were aware of their responsibilities to report concerns.
- The GPs acted as chaperones, if required. All the GPs were male and did not have access to a female chaperone. This was explained to patients at the point of first contact with the service. The service policy outlined the service response to a request for a female chaperone or female GP. They would refer the patient to another provider who could offer the service required. The chaperone arrangements were available on the service website and there was a notice in the waiting room informing patients they could request a chaperone.
- The service maintained appropriate standards of cleanliness and hygiene. There was an effective system to manage infection prevention and control. The service policy for infection control included the lead GP responsible and we saw this was reviewed annually. We saw evidence that all GPs had up to date infection control training.
- An infection control audit had been carried out in August 2019. Following the January 2019 inspection, the service ensured the audit contained a clear action plan to outline actions to be taken for the areas that were not fully compliant with the standard and the practice had carried out appropriate risk assessments for some areas of concern. For example, the last audit highlighted that the furniture in the waiting room and clinical room was made of fabric and not wipeable. The service updated their soft furnishings policy and carried out a risk assessment for the waiting room furniture and determined a low risk of infection. However, to mitigate any risk, the service obtained an antibacterial fabric treatment which was applied routinely every three months and the service told us that the furniture would be replaced in the rare event of contact with bodily fluid. In addition, the service installed vinyl flooring to the clinical room and had an appropriate cleaning schedule for curtains.
- Following the January 2019 inspection, the service provided evidence to demonstrate they carried out their own Control of Substances Hazardous to Health (COSHH) risk assessments. We reviewed seven COSHH risk assessments, for example, the service had risk assessed the antibacterial fabric treatment for waiting room furniture which detailed possible risks and protective measures to adhere to during application.
- The service had a certificate confirming their legionella status in November 2019. Legionella is a term for a bacterium which can contaminate water systems in buildings. No risks or actions were identified.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. This included annual service testing and calibration of equipment.
- There were systems for safely managing healthcare waste. The service had an agreement with the NHS GP service in the same building to discard their healthcare waste through the same contractor. They were invoiced separately for this.

Are services safe?

Risks to patients

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

- The service had been operating since March 2018 and had registered with the CQC in February 2018. Since this time the service had carried out approximately 400 consultations. These were a mix of both one-off consultations as well as follow up consultations after cosmetic procedures. The GPs undertook a rota system to cover the service which allowed them to also maintain their NHS GP work.
- The GPs understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The service had an arrangement with the NHS GP practice to use their defibrillator in an emergency. The defibrillator was located on another floor of the building and the GPs had access to an emergency alarm. This was checked and logged on a weekly basis by staff from the NHS GP practice and a GP from The Berkshire Medical Practice. The GPs had made arrangements for two of them to attend the service when undertaking consultations out of core hours and when the rest of the building was empty.
- There were suitable emergency medicines in place to cover different types of emergency situations. All the medicines were regularly checked and within their expiry date.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- 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, emergency medicines and equipment minimised risks. The service printed private prescriptions on headed notepaper and did not stock blank prescriptions for use.
- Following the January 2019 inspection, the service carried out audits to ensure antibiotic prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. The GP involved in the incident was responsible for recording the incident. One of the GPs was the lead and had oversight of all incidents reported.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety. For example, the service reviewed the system to order Hepatitis A vaccinations following an incident of wastage of expired vaccinations.
- There had been two significant events recorded since the service was previously inspected in January 2019. Both significant events had been reviewed and shared at the next meeting. The meetings were held bi-monthly. We were told all events were also discussed informally at the time they became aware of them.
- The provider was aware of the requirements of the Duty of Candour and had a service policy in place. There had been no incidents requiring a duty of candour response since the service had registered with the CQC. The provider encouraged a culture of openness and honesty and had systems in place for knowing about notifiable safety incidents.
- 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 of the GPs which ensured they were aware of the latest information. There was a folder containing all relevant alerts and following the January 2019 inspection, we saw that all GPs signed and dated each alert to advise when the alert had been reviewed and whether actions had been taken and completed.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service had arrangements to deal with repeat patients, where necessary. There was a policy for repeat prescribing and the majority of patients had been one-off consultations.

Monitoring care and treatment

Following the January 2019 inspection, the service was involved in quality improvement activity.

- The service made improvements through the use of completed audits and there was clear evidence of action to resolve concerns and improve quality. We reviewed two clinical audits which had been carried out since the January 2019 inspection.
- The provider undertook a two-cycle audit of acute infections. The first audit was carried out in January 2019 and identified 13 patients who had been seen for an acute infection, 10 of whom had been prescribed antibiotics. Of these, 80% had received the appropriate first or second line antibiotic for their diagnosis. Of the remaining 20%, 10% had received an alternative antibiotic and this was clearly documented in the patient record. The other 10% had received a reserved antibiotic but the rationale for this was not in the patient notes. Following this, the provider improved GP access to the national and local guidance and all GPs discussed the importance of ensuring their rationales were detailed in patient notes. The second audit was

undertaken in August 2019 and identified 24 patients, who had been seen for an acute infection, 16 of whom had been prescribed antibiotics. Of these, 94% had received the appropriate first or second line antibiotic for their diagnosis. The remaining 6% had received an alternative antibiotic and the GP documented the rationale in the patient notes. The second audit demonstrated an improvement in antibiotic prescribing in line with local and national guidance and the provider improved documentation to patient notes to ensure the GP decision was clear.

- We also saw the provider carried out a two-cycle audit of yellow fever vaccinations. As part of the requirements for being an accredited yellow fever vaccine centre, the provider must record and annually submit a log of all patients administered the yellow fever vaccine to the National Travel Health Network and Centre (NaTHNaC). The first audit was carried out in August 2019 and identified 14 patients who had received the yellow fever vaccine, 12 of whom had been appropriately listed on the log. This demonstrated an 86% compliance and the provider had not met the target. This was raised with the identified clinicians and all GPs discussed the importance of the log at a clinical meeting. The second audit was undertaken in January 2020 and identified 24 patients who had received the yellow fever vaccine. All patients had been appropriately listed on the provider's log and demonstrated the practice had met the 100% target.

Effective staffing

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

- All the GPs were appropriately qualified, were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Staff whose role included travel immunisations had received specific training in providing travel health advice and vaccinations and could demonstrate how they stayed up to date.
- Following the January 2019 inspection, the provider updated their training policy to include details of essential training. In addition, the provider introduced a system to record and monitor all GPs essential training, such as fire safety, health and safety, safeguarding and infection control. We saw that all GPs were up to date with all essential training.

Are services effective?

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. GPs referred to, and communicated effectively with, other services when appropriate. For example, patients were mostly referred to other independent services. However, if a patient required an NHS referral, the GP would contact the NHS GP service to communicate this with their NHS GP and advise a patient appointment was required. (The service was unable to make NHS referrals as they did not have access to the electronic referral pathway used by NHS GPs).
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, 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, when required (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 arrangements in place for following up on people who have been referred to other services.

Supporting patients to live healthier lives

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

- Where appropriate, GPs gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- GPs understood the requirements of legislation and guidance when considering consent and decision making.
- GPs supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. We saw evidence of consent being appropriately recorded for immunisations.
- The service website provided detailed and clear information about the cost of consultations and treatments, and the provider told us this was discussed in further detail when patients contacted the service.

Are services caring?

We rated the service as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Following the January 2019 inspection, the service sought feedback on the quality of clinical care patients received. Feedback from patients was positive about the way staff treat people.
- The GPs were aware of patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received four completed comment cards which all provided positive feedback about the standard of care they received. Comments highlighted that patients thought the GPs were knowledgeable, professional, friendly and respectful.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. There was a translation facility on the service website and the GPs could assess any language or accessibility requirements during the initial contact with patients. All the service information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The provider told us that for patients with learning disabilities or complex social needs family, carers or social workers would be appropriately involved. At the time of inspection, the provider had not been required to do this.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The patient waiting room and service consultation room was separate from the NHS GP practice which allowed a private area for patients to wait and have their appointment.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

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. For example, same and next day appointments were available for patients.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there was no wheelchair access to the service and the provider told us they could utilise one of the NHS GP practice consultation rooms on the ground floor if this was required.
- The service was an accredited yellow fever vaccination centre and could accommodate people's needs around the demand for this vaccine. All GPs had been trained to administer yellow fever vaccinations.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. The service operated to patient preferred timescales which minimised any delays or waiting times.
- Patients requested an appointment by telephoning the service on a dedicated number. Patient feedback highlighted that it was easy to get an appointment.
- Patients had a choice of a 20 or 30 minute appointment to discuss their healthcare needs.
- Referrals and transfers to other services were undertaken in a timely way. The GP who saw the patient would type the referral letter, send it and add to the patient record. A copy was also given to the patient. All referrals were made to independent health care providers as NHS referrals require an electronic referral which is not accessible outside NHS services.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had suitable policies in place to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. We were told the service would treat patients who made complaints compassionately. There had been no complaints made to the service since they had registered with the CQC in February 2018.
- The service policy outlined how they would inform patients of any further action available to them should they not be satisfied with the service's response to their complaint.

Are services well-led?

When we inspected in January 2019, we found that this service was not providing well-led care in accordance with the relevant regulations because the service did not have effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

At this inspection, we found that the service improved systems and processes to assess, monitor and improve the quality and safety of the services being provided.

We rated the service as good for providing well-led services.

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.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The service told us their vision was to provide a high quality, bespoke, doctor-led GP service on a same or next day basis.
- The service monitored progress against delivery of the strategy.

Culture

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

- The GPs felt respected, supported and valued within their team. They were proud to work for the service.
- The service focused on the needs of patients.
- The service encouraged openness, honesty and transparency when responding to incidents and complaints and the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- All GPs had an appraisal in the last 12 months and we saw all GPs were up to date with their essential training.
- There were positive relationships between the GPs.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- GPs were clear on their roles and accountabilities and following the January 2019 inspection had established a system to monitor and ensure all GP were up to date with essential training including safeguarding, infection control, fire safety and health and safety.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We saw the provider had a system in place to log and monitor when policies and procedures required a review.

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. For example, following the January 2019 inspection, the practice carried out an infection control audit and developed an action plan to establish what actions were required and a date to be completed by. We saw the practice had completed all actions following the audit and we saw the practice carried out appropriate risk assessments for the Control of Substances Hazardous to Health (COSHH).
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- Since the January 2019 inspection, the provider could demonstrate that clinical audits had a positive impact on performance of clinical staff and on quality of care

Are services well-led?

and outcomes for patients. For example, we were shown a two cycled audit of acute infections which demonstrated clear evidence of action to change services to improve quality.

- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and listened to views and concerns from the public, patients and external partners and acted on them to shape services and culture. For example, the service monitored patient feedback on an

internet search engine and we saw eight reviews which were all positive and highlighted the doctors were professional, thorough and knowledgeable and the service was prompt and efficient.

- The provider told us they also received positive verbal compliments from patients but had not made a formal record of these.
- The service carried out a patient survey in April 2019 and had a total of 31 responses. The service analysed and documented the results and feedback. We found that results were positive and highlighted satisfaction with access to the service and all patients responded that they were happy with the care received. The provider planned to carry out further patient surveys on an annual basis.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The provider continued to review the service to consider meeting local demand and need. For example, the provider told us they had considered employing a female GP in the future as the number of patients increased.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support future improvement and innovation work. For example, the GPs had discussions about the benefit of introducing a blood test device to improve identification of viral or bacterial infections and which aimed to reduce antibiotic prescribing.