

# The Portobello Clinic

## 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 20 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 The Portobello Clinic on 22 November 2021, as part of our inspection programme.

The service provides general medical consultations and treatment and psychiatric consultations and treatment. 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 Portobello Clinic provides a range of services, for example Podiatry, Psychology, Acupuncture and Reflexology not falling within CQC scope of registration. Therefore, we did not inspect or report on these services.

Dr Neil Haughton is 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.

## Our key findings were:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients’ needs.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector accompanied by a CQC GP specialist advisor.

## Background to The Portobello Clinic

Notting Hill Private Medical Practice Limited is an independent provider of medical services and treats both adults and children. Notting Hill Private Medical Practice Limited is registered with the Care Quality Commission to provide the regulated activities diagnostic and screening procedures, family planning services, and treatment of disease, disorder or injury. Regulated activities are provided at one location, The Portobello Clinic, 12 Raddington Road, London W10 5TG. The website address is [www.portobelloclinic.com](http://www.portobelloclinic.com). Regulated services offered at The Portobello Clinic include general medical consultations and treatment and psychiatric consultations and treatment.

The organisation is run by two directors who are GPs. One of the directors is the CQC Registered Manager and the second director is the CQC Nominated Individual for the provider. The service is housed within a converted residential premise across four floors. There is a pharmacy store located within the clinic premises, which is not operated by the provider. The premises include a patient waiting area, four doctors' consultation rooms, and two treatment rooms. There are six other rooms used for a range of other services including psychological therapies, reflexology, acupuncture and podiatry that are exempt from CQC regulation and as such were not inspected or reported on.

Opening hours are Monday to Friday 8.30am to 5.30pm. Out-of-hours services are provided by the contracted out of hours provider between 5.30pm and 8.30am Monday to Friday, and at weekends. Home visits are offered to patients with restricted mobility who are unable to access the premises. These are offered at no extra cost to the patient and have been offered in recognition that the premises are not fully accessible to those with mobility impairments.

The clinic has been established for over 40 years. The clinic has approximately 2000 registered patients. There are approximately 600 GP appointments per month and 20 psychiatrist appointments per month. The clinic staff consists of four GPs, three who are full-time and one who is part-time; a manager, two medical secretaries, three receptionists, one billing administrator and a housekeeper. The clinic contracts a consultant psychiatrist via a practising privilege contract, and independent psychotherapists and other therapy staff who are self-employed and work on an occasional basis.

### How we inspected this service

- Prior to the inspection, information was requested from the provider and reviewed by the inspection team.
- Feedback from staff was gathered via meeting online and questionnaires.
- A site visit was carried out, where we spoke with clinical and non-clinical staff, and reviewed patients records and the service documents.
- During our visit we made observations of the environment looked at the systems in place for the running of the service.
- We viewed a sample of key policies and procedures and explored how clinical decisions were made.
- We reviewed 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 safe as Good:**

## **Safety systems and processes**

### **The service had clear systems to keep people safe and safeguarded from abuse.**

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. There was a safeguarding adults and children policy in place which set out the process for reporting a safeguarding concern and contained contact details for the Local Authority safeguarding teams. Safeguarding policies and supporting documents contained information about how to recognise different types of abuse. Staff we spoke with knew how to recognise and report potential safeguarding concerns for both children and adults. Staff across roles were aware of different possible types of abuse such as psychological, physical and financial as well as specific abuse conditions such as modern slavery.
- Staff had received safeguarding training to a level appropriate to their role. The service had undertaken Disclosure and Barring Service (DBS) checks for staff (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was a sign in the waiting area advising patients of the availability of chaperones and staff who acted as chaperones had received training and were DBS checked.
- Risk assessments and safety checks had been completed to ensure the premises were safe. For example, a health and safety risk assessment was undertaken during November 2021. Security and fire safety checks and remedial actions were completed during September and October 2021. Fire drills, emergency lighting checks, and regular fire alarm testing were also undertaken. The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Medical equipment was calibrated in January 2021 and portable electrical appliances were safety tested in June 2021.
- There was an effective system to manage infection prevention and control. Infection control audits and prompt follow up actions were undertaken, including from the outset of the Covid-19 pandemic and most recently in January 2021. Appropriate infection control procedures were implemented including phone triaging so patients with potential Covid-19 symptoms do not attend the surgery, Personal Protective Equipment (PPE), and for the event of a needlestick injury. The clinic was clean and tidy and there were appropriate systems for managing healthcare waste.
- The service carried out appropriate recruitment and staff checks. This included checks of professional registration and appraisals by the General Medical Council (GMC) where relevant, on recruitment and on an ongoing basis. There was a record of appropriate immunity status for staff.

### **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 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. Staff had received training on sepsis and there was information regarding the symptoms of sepsis displayed on a quick reference checklist sheet held in the reception area.
- When there were changes to services or staff the service assessed and monitored the impact on safety, including during the Covid-19 pandemic.
- There were appropriate indemnity arrangements in place for the GPs working at the service.
- Suitable medicines and equipment to deal with medical emergencies were available, stored appropriately and checked regularly. There was a pharmacist on site that the provider worked with collaboratively regarding a range of medicines considerations, including to ensure the availability of medicines.
- The service had systems in place to assure that an adult accompanying a child had parental authority.

# Are services safe?

- The service worked with other agencies including NHS GPs 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.

## 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, high risk medicines, controlled drugs, and emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits in partnership with the on-site pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service prescribed Schedule 2, 3, 4 and 5 controlled drugs (medicines that have the highest level of control). Controlled drugs were prescribed on a short term basis and infrequently, for example when started by a specialist and for conditions such as anxiety, neuropathic pain and ADHD. Controlled drugs prescribing was monitored and controlled to ensure safety and appropriate prescribing; this was done through audit checks and in partnership with the on-site pharmacy.
- 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. For example, where a specific antibiotic was prescribed remotely during Covid-19, to reduce the risk of pneumonia.
- There were effective protocols for verifying the identity of patients including children.

## Track record on safety and incidents

### The service had a good safety record.

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

## Lessons were 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. Staff understood their duty to raise concerns and report incidents and near misses.
- The practice investigated and made improvements when things went wrong. For example, a vaccine type was wrongly recorded on the on the practice system. Staff investigated the patient record and confirmed although the wrong vaccine had been recorded, the correct vaccine had been given. The records were updated to reflect this.
- The service identified a near miss where some items of medical supplies were found to be out of date. Management staff review the stock take protocol to clarify the checks schedule and staff responsibilities, allow more time for stocktaking and supplies checks and advised staff to be cautious not to make typos or omissions when using electronic templates or updating stocktake reports, and reports to be checked and signed.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and an apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all relevant members of the team. The service did not employ sessional or agency staff.

# Are services effective?

**We rated effective as Good:**

## **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. For example, to ensure routine kidney function testing and review for patients prescribed a specific medicine.
- 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.
- Arrangements were in place to deal with patients requests for repeat medicines.
- Staff assessed and managed patients' pain where appropriate.
- The practice used technology and or equipment to improve treatment and to support patients' independence, such as patients home blood pressure testing and monitoring results via emails with the service.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity such as clinical audit.**

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audit. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, the service undertook an audit to check patients thyroid function blood tests monitoring, for those patents prescribed thyroxine. In the first audit in June 2020, 84% of patients prescribed thyroxine had necessary blood tests over the preceding 12 months, in line with best practice guidelines. The audit results were discussed at a clinical meeting and improvement actions agreed with a target of at least 90% achievement. A re-audit in September 2021 showed the target was met and improvements delivered as 92% of patients prescribed thyroxine had necessary blood tests over the preceding 12 months.

## **Effective staffing**

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

- Staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. Our review of training records showed that staff were up to date mandatory and role specific training.
- Doctors were registered with the General Medical Council (GMC) and were up to date with revalidation. No nursing or health care assistant staff were employed.
- The provider understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were trained at a level in accordance with their role including in health and safety, equality and diversity, manual handling, safeguarding adults and children, infection control, fire safety, GDPR, basic life support, and sepsis and anaphylaxis identification and management.
- Doctors administered vaccines and reviewed patients with long term conditions. We reviewed a sample of patient clinical records which showed they stayed up to date with immunisations schedules and people's care and treatment was appropriate. Clinical staff members also had appropriate immunisation status records.

# 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. Staff referred to and communicated effectively with other services when appropriate. For example, the service had worked collaboratively with palliative care teams for patients at the end of life.
- 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services, such as patient's own GP.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

## Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider; for example, regarding changes in medicines dosage and to ensure timely Covid-19 vaccination.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.



# Are services caring?

**We rated caring as Good:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of care patients received, including regarding changes in arrangements due to the pandemic. The service had requested feedback from 200 patients in the last 14 months and received responses from 28 patients. The results showed that patients felt welcome and 100% of respondents felt at ease, supported by, and treated with respect by non-clinical and clinical staff. All patients felt confident in the doctor's ability to provide them with excellent quality care.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

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

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

- The service offered interpretation services to patients for whom English was not their first language.
- Information leaflets were available to patients providing health advice.
- All 28 patients that responded to the service survey felt involved in their treatments and care.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- All patients that responded to the service survey rated their appointments as excellent. Patients said they felt treated with dignity, respect and compassion. Patients said they were comfortable and at ease including during examination.

# Are services responsive to people's needs?

**We rated responsive as Good:**

## **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, the service responded to patient's concerns during the Covid-19 pandemic and implemented a web consultation facility to sustain a visual method of access. Service leaders wrote and emailed regular Covid-19 updates for patients assurance and information. The email updates provided relevant links such as to Public Health England (PHE) guidance on Covid-19 symptoms and reassurances regarding patients care and treatment. Staff contacted patients to provide support as including by email and telephone.
- The facilities and premises were generally appropriate for the services delivered, but the premises had stairs which the provider recognised may make access for some people difficult. The provider had a policy to visit such patients and provide the same services in their own home at no extra cost.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, regarding possible vulnerabilities such as sensory or cognitive impairment. There was a hearing loop in the reception area and staff were able to describe how it was used. Staff were able to describe how they would appropriately assist a visiting patient with cognitive impairment.

## **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.
- Patients could get timely access to care and treatment and the service designed health screening and care to fee paying clients based on their individual health needs and concerns.
- Routine consultations were 30 minutes, or an hour for new patients or patients with more complex considerations. A full health assessment appointment was 90 minutes.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, for specialist clinical investigations.

## **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 on the service website and at the reception area. 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.

# Are services responsive to people's needs?

- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, in response to a complaint about communication of test results, the service reviewed and improved the protocol for reporting results to patients.

# Are services well-led?

**We rated well-led as Good**

## **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. One of the partners at the clinic was President of the Independent Doctors' Federation (IDF) and was leading or collaborating in work to improve quality and compliance in the independent primary care sector. Projects and initiatives undertaken included working with NHS England, the Care Quality Commission (CQC), and the Royal College of General Practitioners (RCGP) in areas such as benchmarking, data collection and sharing, and in response to the Covid-19 pandemic.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

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

- There was a clear vision and set of values. The service had tailored its operations through Covid-19 and had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners. The service business model had been structured to include succession considerations.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

## **Culture**

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

- Staff felt respected, supported and valued. There was a strong emphasis on the safety and well-being of all staff. For example, the service undertook individual staff wellbeing and risk assessments to support each of their needs.
- The service focused on the needs of patients and provided doctor led classes in stress management for patients to avoid reliance on prescribed medication.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

# Are services well-led?

- The service actively promoted equality and diversity and staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams and the partners undertook a 360-degree feedback process.

## 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.
- 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. Examples of areas clinical policies covered are referral, responding to test results, prescribing medicines review, medicines management, video consultations and clinical governance. Extensive non-clinical policies and processes were also in place such as for HR, Health and safety and gathering and acting on patients' feedback.
- The complaints policy was backed up by the Independent Doctors' Federation (IDF) and ISCAS, the Independent Sector Complaints Adjudication Service that had not been needed recently.
- The service used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## 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, the service implemented secure web consultations during the Covid-19 pandemic to sustain services and mitigate the impact of no face to face or limited face to face appointments.
- Leaders and managers were investigating potential new and improved IT systems and processes to improve on their existing systems that were limited with some functionality such as searches. In the meantime, the practice found ways around managing risks such as through collaboration with the pharmacist for patients' medicines audits and searches.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider monitored its performance and safety including from patients' point of view and during the Covid-19 pandemic. Patients fed back all staff were wearing PPE, that prior to their appointment they were informed not to attend the surgery if they had Covid-19 symptoms, and that they were pleased with the safety measures
- The provider had plans in place and had trained staff for major incidents and an emergency panic button was installed for staff.

# Are services well-led?

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the patients and staff and external partners and acted on them to shape services and culture. For example, through day to day patients' feedback and patient satisfaction survey results.
- Staff could describe to us the systems in place to give feedback. For example, staff meetings, one to one meetings and appraisal meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, the provider invited an external pharmacy to come and review its prescribing processes.
- The service made use of reviews of incidents and complaints and learning was shared to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, collaborative work with the IDF to progress and improve the practice, and the wider independent doctors service sector.