

# Mayfair 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 to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

This service is rated as Good overall. (Previous inspection July 2022 – Inadequate)

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 Mayfair Practice to follow-up on breaches of regulations. CQC previously inspected the service on July 2022 and required the provider to take action:

- To ensure patients are protected from abuse and improper treatment.
- To ensure care and treatment is provided in a safe way to patients.
- To establish effective systems and processes to ensure good governance in accordance with the fundamental standards.

CQC also reported that the provider should make the following improvements:

- Managers should have access to the online training platform.
- A comprehensive induction process for new staff should be put in place.

We checked these areas as part of this comprehensive inspection and found the provider had taken action to become compliant with the regulations and to address the previously identified areas for improvement.

Mayfair Practice is an independent health clinic which provides a GP service and also specialises in aesthetic medicine and dermatology.

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. Mayfair Practice provides a range of non-surgical cosmetic interventions, for example facial wrinkle injections and fillers which are not within CQC's scope of registration. Therefore, we did not inspect or report on these services.

The practice manager 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.

# Overall summary

We received entirely positive feedback about the service from patients we interviewed during the inspection. Patients described the doctors as caring, professional and knowledgeable and the service overall as always welcoming and friendly.

Our key findings were:

- The service had improved systems to manage most risks so that safety incidents were less likely to happen.
- The provider had improved its systems to learn from safety incidents.
- Care and treatment was now being provided in a safe way.
- The service reviewed the effectiveness and appropriateness of the care provided. There was evidence of quality improvement activity.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients were able to access care and treatment within an appropriate timescale for their needs.
- The service had systems in place to collect and analyse feedback from patients.
- There was a clear leadership structure to support good governance and management.

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

- The service should embed and expand clinical audit as part of its improvement activity.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser who reviewed a sample of clinical records and spoke with the lead clinician who is also a GP.

## Background to Mayfair Practice

Mayfair Practice is located in Mayfair, London at 12 Lees Place, W1K 6LW.

The service occupies the ground and basement floors of a converted period property. The service offers an independent GP service to paying patients and various aesthetic procedures. The independent GP service is open to children and adults.

The independent GP service is provided by two GPs, both of whom are male. There is a female doctor providing aesthetic treatments only. The practice employs a practice manager, a practice nurse, aesthetic practitioners and therapists and reception staff.

The service offers appointments on weekdays between the hours of 10am and 6pm, these are booked through reception via telephone or email request. Patients are informed about how to contact the service out-of-hours if required.

### How we inspected this service

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider in advance.
- Conducting staff interviews with both the GPs, the registered manager, and a non-clinical staff member.
- A site visit to review a sample of service user records and consultations and an interview with one of the clinic doctors (a GP) to discuss the findings.

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?

At our previous inspection we found that:

- the service was inadequately prepared for a medical emergency
- we were concerned about whether a particular high risk medicine (Isotretinoin) was being prescribed safely
- the service did not have a clear system to implement national patient safety alerts
- the service could not demonstrate that environmental risk assessments had been undertaken and acted on
- and there were gaps in recruitment and induction systems
- and, there was insufficient clinical oversight of record-keeping and referrals.

At this inspection, we found that the service had addressed these risks and made the required improvements.

**We rated safe as Good because:**

## **Safety systems and processes**

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

- Since our previous inspection the provider had reviewed its safety policies and introduced new standard operating procedures. The provider had conducted safety risk assessments. Staff had been required to read key policies and undergo training on new procedures. Policies outlined clearly who to go to for further guidance.
- The service had reviewed its systems to safeguard children and vulnerable adults from abuse. It had clear policies and training requirements in place. The clinicians and staff had completed training on safeguarding at an appropriate level to their role.
- Staff knew how to identify and report safeguarding concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service had introduced new systems to check that an adult accompanying a child had parental authority.
- The service was able to describe how it would work with other agencies to support patients and protect them from neglect and abuse. All the staff we interviewed were clear about their responsibilities to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken for staff in line with the service 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).
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Clinical equipment had been calibrated by a suitable contractor since the previous inspection. There were systems for safely managing healthcare waste.
- The provider was now carrying out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **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.
- The service had introduced an induction system for new and temporary staff tailored to their role.

# Are services safe?

- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept (for example, controlled medicines), there was an appropriate risk assessment to inform this decision.

## 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 been adversely affected by a cyberattack affecting multiple NHS and private health care services in August 2022. The service had treated this as a major incident because staff lost access to the electronic patient records without warning. The risk was mitigated by taking a detailed patient history from all patients attending the practice as if this had been their first visit.
- The service had reported the incident to the Information Commissioners Office and sought their advice on any additional actions it should take.
- The service had subsequently switched to a different integrated electronic records platform, that was more widely used in the independent healthcare sector. The migration of systems and raw records data was being securely handled and staff had received training on the new system. Staff we interviewed, described the new system as effective and easy to use.
- 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. The GPs reviewed each other's referrals and associated clinical record keeping to monitor quality and completeness.

## 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, controlled drugs, emergency medicines and equipment had been reviewed since our previous inspection.
- The service used electronic prescriptions which were emailed to the patient's preferred dispensing pharmacy.
- The service had carried out medicines audits since our previous inspection. These included an audit of antimicrobial prescribing to ensure prescribing was in line with best practice guidelines for safe prescribing. Audit work had been interrupted by the cyberattack in August 2022 due to difficulty accessing clinical records. The GPs were intending to continue with this work once the records were fully migrated to the new clinical platform.
- 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). The GPs told us that other medicines that required ongoing monitoring were prescribed by hospital consultants or the patient's NHS GP if required.

# Are services safe?

- 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.
- We confirmed that the GPs were prescribing medicines in line with licencing recommendations and patient safety guidelines. At our previous inspection we were concerned that one of the GPs was prescribing a medicine that guidelines state should only be prescribed by a consultant specialist (dermatologist) in the UK. At this inspection, we confirmed that this medicine being prescribed by a consultant under a 'shared care' arrangement and appropriate safeguards were in place.

## Track record on safety and incidents

### The service had improved its focus on safety.

- The practice had produced comprehensive risk assessments in relation to safety issues.
- The service was monitoring and reviewing its activity and procedures. This helped it to understand risks and gave a clearer picture to monitor safety improvements. The staff confirmed that new policies had been put in place, processes had been formalised and they had been trained on the new policies and operating procedures.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- The service had introduced a formal system for recording and acting on significant events. Staff we spoke with were clear about their duty to raise concerns and report incidents and near misses. They were confident that leaders and managers would support them when they did so.
- 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 in the service.
- The service had experienced a significant event when access to its clinical records was blocked by a cyberattack. The practice had responded appropriately by taking immediate and longer term actions to mitigate the risk and prevent a recurrence. The practice had communicated with patients about the event.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider was keen to encourage a culture of openness and honesty. The service 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 GPs were now actively monitoring alerts as they were published and checked for those that were relevant to their service.

# Are services effective?

At our previous inspection we found that:

- The service did not have clear systems in place to keep clinicians up to date with current evidence-based practice
- There was evidence of limited quality improvement activity such as audit and professional appraisal of clinical care
- Patient records did not include key information about appropriate referrals, or test results to support effective clinical decision-making.

At this inspection, we found that the service had addressed these risks and made the required improvements.

**We rated effective as Good because:**

## **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 GPs met together regularly to review updates to guidelines, recent safety alerts and to discuss individual patient cases.
- As part of the inspection we reviewed a sample of patient records. These showed that patients' immediate and ongoing needs were being fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Records including information about referrals and results.
- The service was migrating to a new patient records system which was widely used in the independent health sector. We were told that the new system was better designed to link key clinical information (such as referrals) in the patient records so this was readily accessible.
- Patients told us that the doctors took time to explain health conditions and suggested treatments including any associated risks, side effects and the likelihood of a beneficial outcome.
- 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 repeat patients and patients we spoke with emphasised the value they placed on continuity of care.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service was increasingly involved in quality improvement activity.**

- The service was using information about care and treatment to make improvements. The service provided evidence of recent audit work available for the inspection. For example, the service had carried out the first cycle of a clinical audit to check that antibiotic prescribing was in line with good practice guidelines. The service's IT provider had experienced a cybersecurity attack affecting access to the patient records system and this had delayed the start of the second cycle of this audit and the start of other audits. The service had identified clinical audit as an area to focus on once the migration of the records system to the new provider had been completed.

## **Effective staffing**

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



# Are services effective?

- All staff were appropriately qualified. The provider had designed and implemented an induction programme for all newly appointed staff.
- Relevant medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation
- The practice had appointed a new manager to oversee the introduction of revised policies, systems and processes. Staff had been provided with protected time and training to become familiar with new processes.
- Up to date records of skills, qualifications and training were now being maintained.
- The GPs whose role included reviews of patients with long term conditions had received relevant training and could demonstrate how they stayed up to date.

## Coordinating patient care and information sharing

### **Staff worked together, and with other organisations and healthcare professionals, to deliver effective care and treatment.**

- Staff referred to, and communicated effectively with, other services when appropriate. For example, with a patient's NHS GP if the patient consented to this.
- 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. The GPs told us they would signpost patients 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 for a medical problem.
- 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.
- Carers were included in discussions about care where appropriate.
- 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. The recent cybersecurity attack had affected the GPs access to recorded clinical information but they were double checking gaps with patients during the consultations. The service was in the process of completing the retrieval and migration of patients records data to a new system.
- There were clear and effective arrangements for following up on people who had been referred to other services.
- The GPs reviewed each other's referrals to check they were completed effectively and appropriate.
- The service monitored the process for seeking consent appropriately.

## 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. Patients told us the GPs always provided helpful advice and there was time to discuss any questions they had about health, lifestyle and wellbeing.
- 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.

# Are services effective?

## 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 because:**

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. Patients we spoke with who had used the GP consultation service said they received an excellent service and the staff were always welcoming and helpful.
- Patients and staff told us that the lead GP went 'over and above' to provide a caring and compassionate service, including visiting patients at home when the need arose.
- 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.**

- Interpretation services were available for patients who did not have English as a first language. The GPs had access to written information in various languages or easy read formats that could be downloaded to help patients be involved in decisions about their care.
- Patients we spoke with said they were always listened to and supported by the GPs and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand. The GPs and took account of any expressed needs at the time of registration and worked to develop an understanding of patients' communication needs over time.

## **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.

# Are services responsive to people's needs?

At our previous inspection we found that:

- There was no complaint process for reporting, monitoring and management of complaints. A complaints policy was in place but not being used or reviewed.
- Information on how to make a complaint was not available to patients.
- The practice was unable to learn or improve following concerns raised as complaints were not being recorded.

At this inspection, we found that the service had addressed these risks and made the required improvements.

**We rated responsive as Good because:**

## **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 provided longer appointments for patients who needed extra time or could schedule appointments at very short notice.
- 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, patients with mobility difficulties could be seen on the ground floor.

## **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.
- 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.
- The lead GP could provide a shared care service for some dermatological conditions as they had additional training in dermatology and close working links with specialist doctors.

## **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 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. The service had received one

# Are services responsive to people's needs?

complaint since the previous inspection about confusing communications in relation to fees for an aesthetic procedure. The service had responded promptly to the complaint and in line with its complaint policy. As a result of this complaint, the service had reviewed the communications and confirmed that all staff were aware of current rates. Information about fees was available on the website; in hard copy form in the waiting area and on request.

# Are services well-led?

At our previous inspection we found that:

- Leaders were not knowledgeable about issues, priorities and risks relating to the quality and future of services and did not actively identify and monitor challenges.
- Practice policies had not been adequately reviewed and updated regularly.
- There were no systems of accountability to support good governance and management.
- There was no clarity around processes for managing risks, issues and performance.
- There was no use of external review to monitor performance quality.

At this inspection, we found that the service had addressed these risks and made the required improvements.

**We rated well-led as Good because:**

## **Leadership capacity and capability**

**Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- Since our previous inspection, the service had recruited a new registered manager and had undertaken a complete review of its systems, processes and governance arrangements and staff training and awareness.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Since our previous inspection, the service had experienced a major incident when its IT systems provider had been affected by a cybersecurity attack. The leaders could demonstrate they had taken effective short-term and longer-term actions to mitigate the risk and protect the service from this type of attack in the future.
- 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 processes to develop leadership capacity and skills and was 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 a realistic strategy and supporting business plans to achieve priorities.
- The service had developed its vision, values and strategy jointly with staff and external partners (where relevant).
- 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. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

# Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff 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 needed. 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 necessary.
- There was an emphasis on the safety and well-being of all staff.
- The service promoted equality and diversity and had reviewed its policies and processes. The leaders were confident they would identify and address the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff.

## Governance arrangements

**The service had introduced clear governance arrangements. There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- The new 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, for example, with specialist doctors, 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.

## Managing risks, issues and performance

**There were clear and effective processes for managing risks, issues and performance.**

- The service had introduced an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service was developing its systems to manage current and future performance. The GPs worked closely together to monitor the quality of medical consultations and referrals.
- Leaders had active oversight of safety alerts, incidents, and complaints.
- The service was planning to implement more clinical audit to improve the quality of care and outcomes for patients.
- The provider had plans in place and had trained staff for major incidents and had put these plans into action following a cybersecurity attack in 2022.

## Appropriate and accurate information

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

- Quality and operational information was now being actively used to ensure and improve performance. Since our previous inspection, the service had recruited a new registered manager and had reviewed its systems, processes and governance arrangements.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.

# Are services well-led?

- The service used performance information, including feedback from patients, which was reported and monitored and management and staff were held to account. 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.

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

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The service carried out an annual survey with patients and was consulting with patients on whether they would like a regular newsletter about the service. The practice had systems in place to provide translations for patients who spoke languages other than English.
- The service had implemented a more immediate feedback system using the available functionality of the new clinical records system. This generated an email after every consultation asking for patients' feedback.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open about performance.

## **Continuous improvement and innovation**

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

- There was a focus on providing high quality care, continuous learning and improvement. For example, the lead GP had carried out repeated audits on the use of vitamin D during the Covid-19 pandemic.
- The service was making use of internal and external reviews of incidents and complaints. For example, the service had used the findings of the last inspection to overhaul and introduce new safety systems and processes. Learning was being shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. For example, at the time of this inspection, the lead GP was providing cover so the second GP could take extended leave to provide medical treatment to earthquake survivors in Turkey.