

London Doctors Clinic Ltd

Soho Square

Inspection report

18 Soho Square
London
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Ratings

Overall rating for this service

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. This was the first inspection of this service.

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 Soho Square on 18 June 2019 as part of our inspection programme. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Soho Square provides private doctor consultations and treatment services at 18 Soho Square in the borough of Westminster in London. The service is registered with the

Summary of findings

Care Quality Commission to provide the regulated activities of Treatment of disease, disorder or injury, Diagnostic and screening procedures and Maternity and Midwifery services.

The Chief Executive Officer of The London Doctors Clinic Ltd 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.

Prior to our inspection, patients completed CQC comment cards telling us about their experiences of using the service. Four people provided wholly positive feedback about the service. Patients described staff as caring and professional.

Our key findings were:

- The service had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- There were systems in place to assess, monitor and manage risks to the premises and patient safety.
- The premises were clean and well maintained, we saw evidence of actions taken to prevent and control the spread of infections. An annual infection prevention and control (IPC) audit had been carried out.
- There were safe systems and processes in place for the prescribing and dispensing of medicines.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- There was a comprehensive programme of clinical audit that had a positive impact on the quality of care and outcomes of patients. Follow up audits demonstrated that learning and quality improvement had been achieved.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a system for recording and acting on incidents, adverse events and safety alerts. The provider shared safety alerts with staff effectively.
- Patient feedback indicated that staff were caring and appointments were easily accessible.
- There was a clear vision and strategy and an open and supportive culture.

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

- Review the need to have knowledge of and take necessary action on risk assessments and audits by third parties impacting the service.
- To risk assess storage of emergency medicines and equipment.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Soho Square

Detailed findings

Background to this inspection

How we inspected this service

Soho Square is one of eight central London locations where the registered provider, London Doctors Clinic Ltd, provides private doctor treatments and consultations services. The service provides general practice services on a single visit basis (the service does not regularly manage long term conditions). All of the services provided are private and are therefore fee paying, no NHS services are provided at the site.

The provider's Soho Square location is in a serviced office building at 18 Soho Square, London, W1D 3QL in the London borough of Westminster. The service is located on the first floor, which is accessible by a lift. The property is leased by the provider and the premises consist of a patient reception area, and five consulting rooms.

The service is open seven days a week from 8am to 8pm. Practitioners may be available out of these hours in the event that existing patients need to speak to clinicians, but the service does not offer elective care outside of these hours. The London Doctors Clinic Ltd is CQC registered to provide the regulated activities of Treatment of disease, disorder or injury, Diagnostic and screening procedures and Maternity and midwifery services.

The only clinical staff employed at the service are doctors. All clinical staff employed had previous experience working

within the NHS. Patients could book appointments on the same day or up to a week in advance. The provider told us 40% percent of the patients attending were for minor illnesses and 60% were for notarising services (legal certification of fitness, such as required for certain occupations and activities). The provider said that 25% of patients returned to the service.

The service did not manage patients with long term conditions or immunisations for travel or childhood immunisations.

Prior to the inspection we reviewed information requested from the provider about the service they were providing. During the inspection we spoke with GPs, the Registered Manager and reception staff. We also looked at documentation, undertook observations and reviewed completed CQC comment cards.

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?

Our findings

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. All staff had appropriate levels of safeguarding children and adults training for their roles.
- The practice had a safeguarding policy covering both adults and children. The policy was accessible to all staff and contained the names of the appointed safeguarding leads within the service and the process for reporting and taking action in response to concerns. Community safeguarding contact information was available on the service's intranet.
- The provider had systems in place for checking the identity of patients attending the service. We saw patient identification was an ongoing process not limited to when patients first register with the service. The service had a protocol to ensure that an adult accompanying a child had parental responsibility or authority to consent to treatment of the child.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a comprehensive induction programme in place for clinical and non-clinical members of staff. We saw that staff had received the required mandatory training including basic life support, infection control, fire safety, safeguarding and information governance.
- There was an effective system to manage infection prevention and control. The salaried GP at the service was the IPC lead. The provider had completed an infection prevention and control audit within the last 12 months. An infection control policy was in place.
- The building owner was responsible for Legionella risk assessment. At the time of our inspection, the service did not have access to the legionella risk assessment for the premises and was not aware of the control measures in place (Legionella is a bacterium which can contaminate water systems in buildings). We asked the service to send us a copy of the Legionella risk assessment.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried 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.
- There was an effective induction system for agency 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.
- There were effective systems in place for managing referrals and test results.
- There were arrangements in place to respond to emergencies. We saw evidence that all staff had received annual basic life support training.
- The service held a supply of oxygen and a defibrillator and there was a process in place to check these regularly to ensure they would be available in an emergency. However, the oxygen cylinder and defibrillator were stored in a public area next to a doorway. We spoke to the Registered Manager about the risk of theft and they said they would move the emergency equipment to a storage cupboard.
- Emergency medicines were easily accessible to staff and these medicines were checked on a regular basis. However, they were stored on the floor in the waiting room area, which was sometimes unsupervised. When we raised this with the Registered Manager, they said they would move these medicines to a secure area.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The building owners were responsible for assessing risks associated with fire. We saw evidence that this was carried out on an annual basis. The service had completed their own fire safety risk assessment in May.
- All electrical equipment had been tested to ensure it was safe to use.
- Medical equipment had been calibrated.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. This included insurance cover for staff who undertook online consultations.

Information to deliver safe care and treatment

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

- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system. This included investigation and test results, health assessment reports and advice and information about treatment provided. The practice's patient record system was used at all eight locations and clinicians could access the records of patients at any of these sites or remotely.
- 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.

- There were systems, policies and processes in place to ensure that medicines were prescribed and dispensed safely. All medicines were securely stored, with the exception of medicines used to treat medical emergencies.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, we saw a completed two cycle audit of Amoxicillin, to ensure appropriate antibiotic use.
- There were effective stock control systems in place, including for medicines open to abuse, such as benzodiazepines.

Track record on safety and incidents

Are services safe?

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.
- The service used a significant incident form to document and record incidents. Staff we spoke with on the inspection all knew how to access this form. We saw examples of incidents that had been recorded including evidence of discussions and learning outcomes. We saw evidence that the service improved their systems following the incident and learning was communicated to all staff
- Medicines were dispensed by a doctor at the time of the patient consultation.
- Private prescriptions were generated from the patient record system and there were no paper prescriptions in the service.
- Doctors prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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 a verbal and/or written apology.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. We saw a recent example of an MHRA recall alert for Carbimazole, a thyroid medication. There was a responsible clinician who would review all alerts and ensure that the appropriate action was taken and documented in response to these alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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)

- Doctors assessed patients' needs and delivered care in line with relevant and current evidence-based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence-based practice.
- The provider had arrangements in place to ensure clinicians were kept up to date with new guidance. The service had incorporated a BNF prescribing reference tool into their clinical system to ensure that clinicians had access to the most up to date prescribing guidance.
- 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 repeat patients. We saw evidence of patient warnings on the clinical system warning GPs of patients that were known to the service for trying to obtain prescriptions. These warnings were available across all nine locations.
- The service had minuted copies of clinical and governance meetings where patient care was discussed.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. We saw evidence that monthly audits were undertaken of consultation notes for each clinician

working for London Doctors Clinic to ensure that consultations were safe, based on current clinical guidance, that medicine batch numbers were recorded and that tests were clinically indicated or ethically requested. Clinicians were then provided with feedback on the quality of their consultation.

- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. For example, the service had completed first and second cycle audits of prescribing Propranolol to check clinicians had followed NICE guidelines and LDC dispensing protocol when prescribing Propranolol for panic disorder. There was evidence in meeting minutes that feedback about the findings had been discussed with the clinical team.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. There were role specific induction programmes in place. For example, there were separate induction programmes in place for non-clinical staff and clinical members of staff, this included locum staff. The induction programme for GPs included supervised clinics.
- Staff training included a range of relevant topics that was completed online, such as basic life support, fire safety, health and safety, infection control, safeguarding and information governance. The service had a training matrix in place to identify the training staff had completed and when training was due.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. The service had systems in place to ensure that all staff had completed relevant training and that they were appraised on an annual basis. We saw evidence that continuing professional development sessions were offered monthly.
- Staff received training that included: safeguarding, fire safety awareness, basic life support infection prevention

Are services effective?

(for example, treatment is effective)

and control, Sepsis awareness, Mental Capacity Act and information governance. Staff had access to and made use of e-learning training modules and in-house training.

- Staff involved in handling medicines received training appropriate to their role.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.

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. When a patient contacted the service, they were asked if the details of their consultation could be shared with their registered GP. If patients agreed, we were told that a letter was sent to their registered GP.
- If patients required urgent diagnostic referrals, they would be advised to contact their NHS GP who would make the referral. The service would provide a letter for the patient to give to their GP with the relevant information from the consultation.
- All test results were sent to patients by e-mail; however, where results showed abnormalities the patient would be contacted by a GP via telephone.

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. The service supported patients to live healthier lives by providing same day GP access for patients who worked near the clinic locations but were either unable to take time off to attend their local GP or obtain a same day appointment. The service was also

targeted at patients who worked in London but did not have an NHS GP or who were visiting from abroad. These patients were able to access a GP, receive a diagnosis and medication where required in a single appointment with results being provided the same day where possible.

- If the provider was unable to provide a service a patient required they would refer them to other services either within the private sector or NHS and the patient would not be charged for the appointment.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The process for seeking consent was monitored through record audits to ensure it met the clinic's responsibilities within legislation and followed relevant national guidance.
- The service had arrangements in place to verify patient identification. There was a policy in place relating to consent and treatment of children, which was in line with published guidance. The service ensured parental authority was gained for children and minors attending the service where necessary.
- 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.

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.
- Clinical appointments were half an hour long so all elements of care could be explained and there was sufficient time to answer patients' questions.
- The service had access to a range of information and advice resources for parents that they could take away with them to refer to at a later time.
- Staff we spoke with were aware of their responsibility to respect people's diversity and rights.
- We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 5 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Following consultations, patients were sent a survey asking for their feedback. Patients that responded indicated they were very satisfied with the service they had received.
- Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

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

We saw evidence that the service gave patients clear information to help them make informed choices about the services offered. The service had a hearing loop in the waiting area and would communicate with patients with hearing disabilities in writing.

- Interpretation services were available for patients who did not have English as a first language. The service used a number of means to communicate with patients who did not speak English as first language. They employed clinicians who spoke a variety of languages including French, Punjabi, Urdu, Spanish, German, Arabic, Hebrew and Portuguese. The service also had access to a telephone translation service and would use an online written translation programme if necessary. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Patients' medical records were securely stored electronically.
- Staff recognised the importance of people's dignity and respect. Doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Staff receiving patients 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?

(for example, to feedback?)

Our findings

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 service was accessible to all patients as there was a lift from the ground floor.
- The website for the service was clear and easy to understand. The service made it clear to patients on their website what services were offered and the limitations of the service. For example, the provider did not provide services for management of long-term conditions or childhood immunisations. If a patient attended the service and the provider did not provide what the patient required they were not charged and referred to another service either within the private sector or the NHS.
- The waiting area was large enough to accommodate the number of patients who attended on the day of the inspection.

Timely access to the service

The service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it.

- The service was open Monday to Friday from 8am to 8pm seven days per week. The service did not offer out

of hours services on the premises but on call clinicians were available to discuss ongoing care to existing patients outside of opening times. Feedback from both the comment cards and the provider's own survey indicated that access was good and patients obtained appointments that were convenient.

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.

- The service had a complaints lead who monitored and handled all complaints.
- Information on how to make a complaint was available on the service's website, and in the patient waiting area.
- 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. We reviewed the log of complaints received in the past year, and in all cases we saw they were managed appropriately. For example, a patient had contacted the service to say that results of tests had not been available in the time anticipated. This had been due to a delay at the laboratory where the tests were managed. The service had apologised to the patient and refunded the cost of the test. Staff told us the service had improved tracking of blood test results and had implemented regular courier pick-up times from the laboratory to improve turnaround times for results.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated well-led as Good because:

Leadership capacity and capability

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

- There was clinical leadership and oversight of the service.
- Staff told us that there was an open culture within the service and felt they could raise any issues with managers of the service.
- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.

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 strategy was focused on satisfying a demand for same day quick and convenient access to GP appointments in Central London. There were plans in place to expand this to other locations in the future.
- 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.
- 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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were regular meetings held to support governance systems. We saw evidence from minutes of meetings that allowed for lessons to be learned and shared following significant events and complaints.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was evidence of effective governance systems in place. Processes to support good governance and management were clearly set out, understood and effective.

Managing risks, issues and performance

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

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through 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. Feedback would be given to individual clinicians as a result of monthly audits of the clinical records in order to ensure that the service provided reflected current guidelines and that tests ordered were necessary and ethical.
- The provider had plans in place and had trained staff 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. Performance information was combined with the views of patients.
- The service used information technology systems to monitor and improve the quality of care. For example, we saw evidence of patient warnings on the clinical system warning GPs of patients that were known to the service for trying to obtain prescriptions. These warnings were available across all nine locations.
- 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.

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 had a system in place to gather feedback from patients and staff and we saw that the service acted on this feedback.
- The clinic used a reviews provider to collect patient feedback following their consultation experience which invites patients to leave a review; the review comments were fed back to doctors directly, so they could monitor their own 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 at all levels within the service.
- The manager told us that the provider and staff at this location consistently sought ways to improve the service. Clinic Manager supported other staff
- The provider would highlight areas for improvement for patient record audits and held monthly continuing professional development sessions for GPs. 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 improvement and innovation work.