

Blossoms Healthcare LLP

Blossoms Healthcare LLP- Tooley Street

Inspection report

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Date of inspection visit: 16 May 2019

Date of publication: 04/07/2019

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. (Previous inspection February 2018, prior to ratings programme)

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 Blossoms Healthcare Tooley Street on 16 May 2019 as part of our inspection programme.

Summary of findings

The provider supplies private general practitioner services predominantly to staff working at four large corporate organisations. The provider also provides services to private fee-paying patients.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Blossoms Healthcare Tooley Street approximately 90% of patients are treated under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, we were only able to rate the services which are not arranged for patients by their employers. However, some of the evidence quoted in the report regarding the quality of fee-paying patient outside of this exemption stems from evidence of care provided to exempt patients as this was used to demonstrate the general quality of care provided to all patients using the service.

The provider is in the process of registering a new 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.

We received 23 CQC comments cards. All comment cards were positive with patients referring to the high standard of care provided by knowledgeable and supportive staff.

Our key findings were:

- The provider had systems in place to keep people safe and to review, act and learn from significant events. We reviewed examples where the provider had made contact with the patient's NHS GP to pass on information that was clinically necessary with the patient's consent. We were told that, when necessary to ensure patient safety, the service would contact the patients NHS GP without consent. However records reviewed showed that the provider did not consistently keep records of patient's NHS GP details. The provider told us after our inspection that it was

now mandatory for new patients to provide the details of their NHS General Practitioner and that all existing patients who had not provided this information previously would be asked to provide it when they attend their next appointment.

- There were processes in place to effectively handle emergencies and risks were managed appropriately. Most appropriate recruitment checks had been completed for the staff whose files we reviewed. However, references had not been taken or retained for one healthcare assistant.
- Systems were in place for the safe management of medicines and we saw that the provider had processes in place to review prescribing. However, the provider was not undertaking regular reviews of antibiotic prescribing.
- Staff at the service assessed patients in accordance with best practice and current guidelines and had systems in place to monitor and improve the quality of care provided to patients.
- There was evidence of effective joint working and sufficient staffing to meet the needs of their patient population.
- Feedback indicated that patients were treated with dignity and care and the service had systems to support patients to be involved with decision about their care and treatment.
- The service met the needs of their targeted patient demographic and there were systems in place for acting on feedback and complaints.
- The service had adequate leadership and governance in place.
- There was clear strategy and vision which was tailored to patient need and staff and patients were able to engage and feedback to the service provider.

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

- Obtain and retain references for all staff recruited
- Implement policies around obtaining patient's NHS GP details prior to consultation.
- Review antibiotic prescribing to assess the extent to which the service is following best practice and guidance.

Dr Rosie Benneyworth BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

Blossoms Healthcare LLP- Tooley Street

Detailed findings

Background to this inspection

Blossoms Healthcare LLP Tooley street is located at 3rd Floor, 139 Tooley Street, London, SE1 2RT which is an office space. The service rents the third floor of the building which is a listed building. The service treats between 200 and 500 patients per month. We were informed that between April 2018 and April 2019 this location provided 2518 GP appointments and 1909 health screens. The service predominantly provides services to the staff of four large corporate organisations. The service told us that over 90% of their custom comes from these clients with under 10% from private individuals. The service did not consult with children.

The service delivers GP services, health assessments and occupational health advice. Patients can be referred to other services for diagnostic imaging and specialist care. The service team included four private doctors; two healthcare assistants; three receptionists and a medical secretary.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of Treatment of Disease Disorder or Injury, and Diagnostic & Screening Procedures.

We carried out this inspection on 16 May 2019. The inspection was led by a CQC inspector and a GP specialist advisor.

Before visiting, we looked at a range of information that we hold about the service. We reviewed the last inspection report from 27 April 2018 and information submitted by the service in response to our provider information request. During our visit we interviewed staff (two private doctors; a chief nursing officer, the head of human resources and a non-clinical staff member and reviewed documents.

The provider is part of a larger organisation, HCA Healthcare Limited.

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?

Are services safe?

Our findings

We rated safe as Good because:

The provider had systems in place to keep people safe and to review, act and learn from significant events. There were processes in place to effectively handle emergencies and the use of medicines and risks were managed appropriately. However, we have recommended that the service should also ensure that references are taken for staff employed to carry out regulated activities. We also recommended that the service review antibiotic prescribing.

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. 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.
- 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 for most staff. Disclosure and Barring Service (DBS) checks were undertaken for all staff whose files we reviewed. (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). However, we found that the service had not either taken or retained references for one of the healthcare assistants working at this location.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Although the provider did not see children under 18, all staff whose files we reviewed had received child safeguarding training.

- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control including quarterly infection control audits.

The service had completed a legionella risk assessment and water sampling had revealed the presence of legionella. The provider supplied evidence that they had acted to address this and were having regular samples analysed and temperatures monitored. The last retest in December 2018 came back negative for legionella.

- 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 considered 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 staff tailored to their role.
- 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. The provider had arranged an emergency simulation with the use of a CPR interactive training mannequin via a specialist provider.
- The provider had emergency equipment available including oxygen and a defibrillator. The provider did not have a supply of all recommended emergency medicines but had undertaken a risk assessment of the medicines they did not keep on the premises which justified their absence as they do not perform treatments or see patients that would require these medicines.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Are services safe?

- There were appropriate indemnity arrangements in place to cover all potential liabilities. The provider had a group medical indemnity policy which covered the activities of all staff providing regulated activities.

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.
- 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. However the provider was not reviewing their prescribing of antibiotics.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service had not completed a review of their antibiotic prescribing to ensure that the prescribing of these medicines was in line with best practice guidelines for safe prescribing. However, the provider had reviewed their prescribing of contraception, antidepressants and diclofenac and had undertaken a review of patients of repeat medicines.
- 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.

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 learned and improvements made

The service learned and made improvements when things went wrong.

- The provider used an electronic system for recording and acting on significant events. This enabled incidents to be viewed by senior management within HCA Healthcare and learning shared across the organisation. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported 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 acted to improve safety in the service. For example, the service had a cold chain breach in one of their vaccine fridges at another location. The service had reviewed and updated their policy because of this so that staff were clear on the action to take if another breach occurred.
- The provider was aware of and had systems in place to ensure compliance 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 had systems in place to ensure affected people received reasonable support, truthful information and a verbal and written apology
- The provider would keep 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 members of the team.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Staff at the service assessed patients in accordance with best practice and current guidelines and had systems in place to monitor and improve the quality of care provided to patients. There was evidence of effective joint working and enough staffing to meet the needs of their patient population. However, we have recommended that the provider consistently implement their registration procedure to ensure details of patient's NHS GPs were recorded, which would enable necessary information to be shared to keep the patient safe in absence of patient consent

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity

- The service had received SEQOHS accreditation in 2018 which is an accreditation for providers of occupational health services. They had also achieved International Organisation for Standardization accreditation in respect of the quality of service it provides and for adherence to information security standards.

- The service made improvements using completed audit cycles. The provider had recently improved the IT system which enabled them to undertake regular audits and we saw evidence that these audits had a positive impact on quality of care provided. There was clear evidence of action to resolve concerns and improve quality. For example, the service had recently reviewed their repeat prescribing to ensure that clinicians were undertaking annual reviews for patients. In the most recent audit the service had an 89% completion rate. The service had also reviewed patients prescribed diclofenac and found that four out of five prescriptions issued for this medicine between January and April 2019 adhered to NICE prescribing for this class of medicine. The service had also audited contraceptive reviews to ensure that the necessary components of the review were being completed by staff during consultations. Between the first cycle in 2017 and the second cycle in 2019 the percentage of patients who had their BMI calculated and blood pressure checked had improved by 35% and 4% respectively. The service also audited the prescribing of antidepressants. Between 2017 and 2018 the percentage of patients who had a medication review improved from 80% to 93%. The service had also reviewed cervical screening over the past three months and found that only one sample was flagged as inadequate.

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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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.
- 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.
- Staff at the service told us that they would share details of consultations with the patient's NHS GP without their consent if this was clinically necessary or needed to keep the patient safe. However, although we were told that all patients were asked to provide their NHS GP details when they registered with the service, records we reviewed showed that this was not consistently happening. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and

deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

- The service had developed an app and an online portal which enabled patients to access test results, medical reports and some of the patient's consultation records which they could share with their NHS GP or other healthcare providers.

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 additional support including patients NHS GP or secondary care services.
- 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.
- The service recorded consent for ear syringing.

Are services caring?

Our findings

We rated caring as Good because:

Feedback indicated that patients were treated with dignity and care and the service had systems to support patients to be involved with decision about their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. We received 23 CQC comment cards. All comment cards were positive with patients referring to the high standard of care provided by knowledgeable and supportive staff. The service had also undertaken their own internal survey. Patients were sent an email prompting them to complete the survey after each appointment. Between August 2018 and December 2018 97% of 207 patients who responded rated their experience with the provider as very good or excellent and 99% of 209 patients who responded said that they were likely or extremely likely to recommend the service to a friend.
- Staff understood patient needs and 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. We saw information in the reception areas about this service although we were told by staff interviewed that this service had yet to be used. The service also had a hearing loop and could also provide an outline of the service in braille if needed.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The service told us that they did not frequently see patients with learning disabilities or complex social needs but that if they did the family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

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?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

The service was designed to meet the needs of fee-paying patients who wanted quick same day access to care and treatment and the service had systems in place for acting on feedback and complaints.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The provider held contracts with large corporate organisations and most of the patients who attended the service worked at these companies. Services were designed to meet the needs of this group to ensure that they had fast access to care when required. This also benefited and appealed to private fee paying patients. For example, blood samples were collected twice daily. Any results that required urgent action would be sent to the service during opening hours and to the on-call doctor when the service was closed who could contact the patient and arrange the appropriate follow up.
- The facilities and premises were appropriate for the services delivered.
- The service had identified an increase in patients reporting domestic violence and there was now an organisation wide domestic violence working group. From this the provider had increased awareness of the issue among all staff and had introduced systems to enable staff to discreetly provide victims with contact information for support organisations.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there were wheelchair accessible facilities, a lift and a hearing loop.

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. The service monitored their waiting times. Between May 2018 and April 2019 forty four percent of patients were seen within five minutes of their appointment time and 9% were seen before their appointment time. The service's clinical system indicated that 19% of patients waited over 15 minutes to be seen when they arrived for their appointment. We were told that this was likely the result of clinicians not recording the patients as having arrived before they started their consultation which account for this percentage being higher than staff anticipated. The service monitored call pick up times. In 2019 between 81 and 87% of calls were answered within 30 seconds. The proportion of calls answered against those lost was also monitored. In 2019 between 92 and 95% of calls were answered.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. The provider had developed an app/online portal that enabled them to book appointments easily online. The app enabled patients to specify the GP or the gender of the GP they wanted to see. Appointment reminders would then be sent to patients using the app.
- Referrals and transfers to other services were undertaken in a timely way. For example, the provider had links to local private hospitals that were part of the same organisation which enabled patients who required further assessment or treatment to be seen quickly by an appropriate clinician.

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. For example, in response to a complaint related to issuing

Are services responsive to people's needs? (for example, to feedback?)

incorrect correspondence, the provider had implemented a backup checking system where administrative staff would double check patient details and make note of this check prior to issuing sensitive information.

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:

The service had adequate leadership and governance in place. They had a strategy and vision which was tailored to the needs of patients they catered to and staff and patients were able to engage and feedback to the service provider.

Leadership capacity and capability

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

- There was a clear leadership structure within the organisation. Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- 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. For example, the service had sponsored the incoming registered manager to do a course in medical leadership.

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 to provide exceptional care using exceptional people and a supporting set of values including recognising patients as unique individuals and acting with honesty and integrity. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service 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.
- 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 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. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The service had developed a calendar and each day had an action staff could take to improve wellbeing. There was also a counselling service staff could access and the service had a scheme which recognised staff who had excelled in their role.
- The service promoted equality and diversity. It identified and addressed the causes of any workforce inequality.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good 

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

- There was a clear governance structure and staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audits. 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 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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.

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 patients, staff and external partners and acted on them to shape services and culture. For example, the service obtained feedback from patients using an online survey which patients were invited to complete after their consultation.
- Staff told us that they were able to raise concerns and give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used 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. The provider had developed an app which enabled patients to access their medical record. The app also allowed patients to book and pay for appointments online and enabled patients to choose a specific GP.