

Edgbaston Private Medical Practice

Inspection report

44 George Road
Edgbaston
Birmingham
B15 1PL
Tel: 01214549535
www.epmpractice.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection October 2018 – Not rated)

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 Edgbaston Private Medical Practice under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 and to rate the service.

The practice provides a private general medical service to adults and children. Services include private GP consultations, child immunisations, travel vaccinations, contraceptive and sexual health services, health screening and lifestyle management.

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 service and these are set out in Schedule 2 of The Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014. Non-invasive cosmetic procedures provided to patients are exempt by law from CQC regulation. Therefore, at Edgbaston Private Medical Practice, we did not inspect or report on these aesthetic services.

The principal GP 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 completed comment cards where patients shared their views and experiences of the service, we also spoke with two patients on the day of the inspection. Feedback from patients was positive about the way staff treated people, staff were described as caring, compassionate and professional. Patients spoke highly of the service and would be happy to recommend the service to others.

Our key findings were :

- There were systems and processes in place to keep people safe such as safeguarding procedures, infection prevention and control and the management of medicines.
- Patients received effective care and treatment that met their needs and was provided in line with evidence based guidance.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. Patient feedback was consistently positive.
- The practice organised and delivered services to meet patients' needs.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

- Provide staff with regular fire safety training so that they are kept up to date and informed of changes.

Overall summary

- Review the format of clinical audits to enable an accurate overview of the purpose and outcome of the audits undertaken.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Edgbaston Private Medical Practice

Edgbaston Private Medical Practice registered with CQC under the provider organisation Lister Medical Group Ltd in May 2016 and is registered with the CQC to carry out the following regulated activities: diagnostic and screening procedures, treatment of disease, disorder or injury, family planning and surgical procedures.

The practice is located in a converted house that has been adapted to provide primary medical services in the Edgbaston area of Birmingham and provides a private general medical service to adults and children. Services include private GP consultations, child immunisations, travel vaccinations, contraceptive and sexual health services, health screening and lifestyle management and non-invasive cosmetic procedures. Patients are also referred to specialist consultants and facilities on a private basis. The team consists of a principal GP, two associate GPs, a practice manager and a team of administrative staff.

The practice is open for appointments six days a week, on Mondays between 9am and 7pm, Tuesdays, Wednesdays, Thursdays and Fridays 9am and 6pm and on a Saturday between 9am and 2pm. Appointments can be booked in person, by telephone, online or by email.

The practice is not required to offer an out of hours service. Patients who need medical assistance out of corporate operating hours are requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency services

How we inspected this service

Before visiting, we reviewed information we gathered from the provider through the provider information return (PIR) and other information we hold about the service. During the inspection, we received feedback from people who used the service through discussions and from completed CQC comment cards. We spoke with the registered manager, the practice manager and clinical and non-clinical staff, we also reviewed documents and made observations.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

There were systems and processes in place to keep people safe such as effective procedures for safeguarding, recruitment, infection prevention and control and the safe and appropriate use of medicines.

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance and there was a named lead for safeguarding who staff could refer to for support and advice.
- There were systems in place to assure that an adult accompanying a child had parental authority.
- Staff who acted as chaperones were trained for the role and had received a DBS check. Notices were displayed which advised patients that chaperones were available if required and a chaperone policy was in place.
- We reviewed the personnel files for two members of staff employed since our previous inspection (one clinical and one non-clinical). The provider had 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).
- There was an effective system to manage infection prevention and control. We saw that the environment was cleaned to a high standard. Regular comprehensive infection prevention and control audits were undertaken and the standard of cleaning in the practice was monitored. Equipment used for patients care and treatment were cleaned, and these were documented.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe, and that equipment was maintained according to

manufacturers' instructions. We saw evidence that electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- Environmental risk assessments were completed and took into account the profile of people using the service and those who may be accompanying them. This included risk assessments for fire, health and safety, control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).

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. Staff worked flexibility to cover for each other during leave.
- There was an effective induction system for temporary staff tailored to their role. A handbook was available for all staff which included policies and procedures staff needed to be made aware of and training staff were expected to complete.
- 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 and staff had received training on sepsis.
- Emergency medicines and equipment including a defibrillator and oxygen were available. These were monitored to ensure they were in date and in good working order. We identified a medicine recommended for use in an emergency that was not included as part of the practices emergency medicines. However, this was rectified on the day of the inspection and we saw evidence to confirm this.
- When there were changes to services or staff the service assessed and monitored the impact on safety. The practice had employed a female GP to accommodate patient choice and increase the range of services offered.
- Professional indemnity arrangements were in place for GPs and the practice had employer's liability insurance in place.

Information to deliver safe care and treatment

Are services safe?

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 practice had developed templates to record details of consultations, these were personalised to the patient and enabled the practice to capture important information. Records we reviewed were completed to a high standard.
- The practice utilised a web-based patient record system used widely in private practice with greater functionalities to better meet the service need. These included a booking system, billing system, formulary, coding and reporting system.
- There were arrangements for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Where appropriate information was shared with the patients NHS GP for example, if a patient needed an urgent referral.
- The practice 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, records we reviewed confirmed this.

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 minimised risks. The service kept prescription stationery securely and monitored its use.
- There were appropriate arrangements in place for the management of vaccines and their cold storage. This included regular checks of the temperature and a log kept of daily fridge temperatures to ensure vaccines were stored within the recommended ranges.
- The practice carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing for example, antimicrobial audits.

- The clinical staff consisted of only GPs who prescribed and there was clear guidance as to what medicines the provider did not prescribe to patients. For example, the provider did not prescribe unlicensed medicines and controlled drugs.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice had a repeat prescribing policy in place which provided guidance to staff to ensure patients received a minimum of an annual review of their medicines. Where appropriate, the GPs would liaise with the patients NHS GP for requests for certain medicines
- Staff prescribed 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.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There were systems for recording, investigating and learning from incidents and complaints.
- Staff had access to policies and protocols in place for the management of accidents, incidents, injuries and near misses. These included details of agencies for reporting notifiable incidents to.

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. There were three significant events reported and investigated in the last year. Lessons learnt were shared across the staff team at practice meetings and action was taken to improve safety in the service. For example, the IT system shutdown unexpectedly during a weekend clinic, the practice implemented the major incident protocol and were able to operate without disruption to patients.

Are services safe?

- 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 took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. There was a policy in place and the provider encouraged a culture of openness and honesty.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. There were effective mechanism in place to disseminate alerts to all members of the team including sessional GPs.

Are services effective?

We rated effective as Good because:

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and national guidance.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice.

- The practice 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. We saw NICE guidance being followed for example, in the treatment of sepsis and local guidelines were utilised for the prescribing of antibiotics.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The practice had access to two psychologists who undertook clinics where patients could be referred to at short notice.
- Clinicians had enough information to make or confirm a diagnosis and where necessary referred patients to local private hospitals for investigations to be made to support diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients for example, regular review of patients with mental health needs.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider undertook quality improvement activity. Clinical audits had been carried out which included areas of cervical screening and antibiotic prescribing. The antibiotic audit showed a slight increase in prescribing compared with the previous year although there was evidence of adherence to local antibiotic prescribing guidelines. The practice was taking action to further improve prescribing which included the use of delayed prescriptions. The documentation of the

clinical audits undertaken was not in a format that provide a clear overview of the purpose and outcome of the audits. The provider acknowledged this an area for further development.

- Other quality improvement activity included audits of infection prevention and control, health and safety and patient feedback surveys.

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) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. Up to date records of skills, qualifications and training were maintained. All staff had access to a range of on-line training.
- The practice had a formal training programme which identified core training for all staff. However, this did not include fire safety training. Staff had received fire safety training only as part of their induction and not regularly although staff spoken with were aware of the fire procedure and what to do in the event of an emergency. The provider told us that they would include fire safety training as part of the core training programme.
- Staff whose role included immunisation and cervical screening had received specific training and could demonstrate how they stayed up to date. Clinical staff had access to on-line resources to support them and keep up to date.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the patients NHS GP and specialists. There were systems in place to follow up on referrals to ensure the patient booked with a specialist when recommended.

Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP where appropriate. The provider shared important information with the patients NHS GP as required such as for patients experiencing poor mental health, safeguarding issues and urgent referrals
- 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.
- 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. The practice provided examples of how they liaised with other services for two patients with a learning disability to help access the appropriate support and manage their health needs.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs for example, NHS services.
- The provider offered in-house services which included childhood immunisations, sexual health, contraceptive services and cervical screening. Patients who had signed up for the membership scheme were also offered an annual health review.
- Healthy lifestyle modification advice was provided opportunistically and on an ongoing basis in areas such as diet, exercise and alcohol consumption. Patient feedback demonstrated that the approach was supportive and encouraging.

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 monitored the process for seeking consent appropriately.
- Information was clearly provided in advance to patients about the cost of consultations and treatment, including investigations and tests.

Are services caring?

We rated caring as Good because:

Staff treated patients with kindness and respect and involved them in decisions about their care. Feedback from patients was positive about the way staff treated people.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of service patients received, this included an ongoing in-house patient satisfaction questionnaire based on the NHS Friends and Family Test. Feedback from patients about the way staff treated people was consistently positive. We saw samples of thank you letters and cards the practice had received from patients which demonstrated kindness and compassion.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The practice actively sought to identify carers. Those identified were signposted or referred to local services where they could have their needs assessed.
- 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. Patient information leaflets in the reception area were available in languages other than English.
- Patients told us through comment cards and discussions, 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.
- We saw evidence in patient records of discussions about needs, wishes and preferences.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Privacy screens were provided in the treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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?

We rated responsive as Good because:

The practice took account of patient needs and preferences and adjusted the service accordingly. Patients could access the service in a timely manner.

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. This included flexibility and longer appointments. Appointments were usually 20 minutes but could be extended, subject to additional costs which patients were made aware of. The opening times for extended access were adjusted to accommodate patient's needs.
- Information was clearly provided in advance to patients about the cost of consultations and treatment, including investigations and tests. Patients who wished to use the service had the option of a 'pay as you go' service or through an annual subscription in which they received a member's package of care.
- Where services were not provided patients were made aware and signposted to their usual GP. For example, substance misuse services or antenatal care.
- 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, the premises were accessible to patients with mobility difficulties. There was a buzzer at the entrance to alert staff if assistance was required and the practice had a portable ramp for ease of entrance into the premises. There was a designated parking space for patients with a disability and had consulting rooms located 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. Children were usually seen on the same day.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. Administrative staff had targets to ensure referrals to other services were made in a timely manner.
- The practice was open for appointments six days a week, on Mondays between 9am and 7pm, Tuesdays, Wednesdays, Thursdays and Fridays 9am and 6pm and on a Saturday between 9am and 2pm. Appointments could be booked in person, by telephone, online or by email.
- Patients were able to obtain an appointment within 24 hours of requesting one.
- The provider aimed to keep the number of patients who did not attend to a minimum through the introduction of a deposit to secure an appointment. They also made use of texting to remind patients of their appointments.

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 complaint policy and procedures in place. Information about how to make a complaint or raise concerns was available, on the practice website and in the patient waiting area. However, there was no complaints leaflet that patients could take away with them. The provider told us they would implement one.
- There had been no formal complaints within the last year however, the practice proactively sought feedback and had acted on a review on social media. The practice responded to this as a complaint and approached the patient to provide explanation with the aim to resolve the issue.
- Staff treated patients who made complaints compassionately and 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 learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. Complaints were discussed at team meetings to identify any learning.

Are services well-led?

We rated well-led as Good because:

The practice had established effective systems and processes to ensure good governance.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. This included the appointment of a female GP and improvements to the IT system.
- 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 leadership team was visible and approachable. They worked closely with the staff team to provide compassionate and high-quality care. This was reflected in the positive feedback received from patients.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had 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 and we saw examples of how the practice proactively supported patients including those in vulnerable circumstances.
- Leaders and managers acted on behaviour and performance consistent 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. Clinical staff were considered valued members of the team. They were given protected 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 actively promoted equality and diversity. Staff had received equality and diversity training. 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.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These were regularly reviewed and updated as appropriate. Policies and procedures were easily accessible to all staff.

Managing risks, issues and performance

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

Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Administrative staff had internal targets for tasks they carried out to ensure patients received timely care and treatment for example, for sending referral letters. Clinical staff targets were focused on ensuring health screen reports were completed in a timely manner around, these were marked on a board as a visual reminder as well as individual tasks on the clinical system.
- 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 audits had a positive impact on quality of care and outcomes for patients.
- The provider had plans in place for major incidents and staff were aware and had access to the major incident plan.

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. This included team meetings and governance meetings.
- The service used performance information which was reported and monitored and management and staff were held to account
- 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, as a result of patient feedback changes were made to the children's registration form, the opening times on a Saturday were changed from 1pm to 2pm and longer opening hours were now on a Monday.
- Staff could describe to us the systems in place to give feedback which included appraisals and team meetings.
- The practice worked with a range of external stakeholders where appropriate to ensure patients received care they needed. Clinics with consultants from secondary care and psychologist were hosted at the premises

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The 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 such as the implementation of a new IT system and online booking for patients. There were plans to further develop the service using technology.