

Your GP Circle

Inspection report

Ashfurlong Medical Centre
233 Tamworth Road
Sutton Coldfield
B75 6DX
Tel: 03338005202
www.yourgpcircle.co.uk

Date of inspection visit: 7 January 2022
Date of publication: 03/02/2022

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

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 Your GP Circle on 7 January 2022 as part of our inspection programme and to provide a rating for the service.

Your GP Circle provides an independent GP consulting service to children and adults of all ages.

Our key findings were:

- The service provided care in a way that kept patients safe.
- There were effective systems in place to protect patients from avoidable harm.
- Policies and procedures were in place to support the delivery of safe services.
- The provider sought assurance and worked with the host organisation who were responsible for the premises to ensure the safety of patients and staff.
- The practice had systems and processes in place to minimise the risk of infection and had put in place additional measures during the COVID-19 pandemic.
- Staff received appropriate training and guidance to deal with medical emergencies. Appropriate medicines and equipment were available in the event of a medical emergency.
- There were systems in place for identifying, acting and learning from incidents and complaints. The provider worked well with the host organisation to support improvements where incidents and complaints crossed organisational boundaries.
- Patients received effective care and treatment that met their needs. Our review of clinical records found appropriate care and treatment was being provided.
- We saw examples where information was shared with a patient's NHS GP to support the safe care and treatment and continuity of care. However, the provider had not clearly risk assessed where prescribing may not be suitable without consent to share information with the patient's NHS GP or for recording clear rationale when information is not shared with the patient's NHS GP but may be clinically appropriate to do so.
- Patients were supported to live healthier lives, through education and support.
- The provider undertook quality improvement activity to support service improvements.
- Staff received appropriate training and competency checks and received annual appraisals to discuss any learning and development needs.
- Services available and fees were clearly displayed on the provider website.
- Staff treated patients with kindness and respect. The practice sought patient feedback and received online reviews which were positive about the service provided.
- Patients received timely care and treatment to meet their needs.

Overall summary

- Governance arrangements supported the delivery of safe and effective care.

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

- Improve systems for identifying and sharing information with a patient's NHS GP where this may be in the patient's best interests.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team consisted of a CQC lead inspector and a GP Specialist Advisor to CQC.

Background to Your GP Circle

Your GP Circle is an independent GP consulting service located in Sutton Coldfield in the West Midlands. The service has been registered since May 2019 to deliver the following regulated activities: Diagnostic and screening procedures; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

The service is located on the first floor of Ashfurlong Medical Centre within Sutton Medical Consulting Centre (SMCC). SMCC provides the clinical room, some administrative and nursing support to Your GP Circle under a service level agreement. SMCC also holds a separate CQC registration. Your GP Circle provides COVID-19 testing as part of their service, which is also available from a local pharmacy in Birmingham.

The service is a partnership of two GPs (one male and one female). Other staffing includes a third GP and a lead administrator. One of the partners is the Registered Manager for the service. 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.

Patients can access the service by appointment on a pay as you go arrangement, booked through their website or by telephone. Telephone lines are open between 8am and 8pm Monday to Friday and 9am to 4pm on a Saturday. Appointments are face to face or remote. The service is open for face to face appointments on a Monday, Tuesday, Wednesday and Friday and daily for remote consultations, including weekends.

Your GP Circle is not required to provide an out of hours service. Patients who need medical assistance outside core opening hours would need to contact the NHS 111 service or A&E if urgent.

How we inspected this service

During the inspection we spoke with staff, reviewed information made available to us by the provider, reviewed a sample of ten clinical records, made observations and reviewed patient feedback.

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:

Your GP Circle demonstrated that they provided services for patients in a manner that ensured patients' and staff safety.

We identified two areas the provider should improve:

- **Work with the host organisation for the premises to ensure more regular infection prevention and control audits are undertaken to identify any issues and allow action to be taken in a timely way.**
- **Clearly record rationale in instances where information is not shared with a patient's NHS GP but deemed clinically appropriate to do so.**

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.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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 was aware that as a private service patients may not always be local and so contact information was held for various safeguarding agencies within the West Midlands. The provider told us that there had not been any instances where they had needed to raise a safeguarding concern.
- 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 and risk assessment undertaken in the absence of a new DBS check. (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). The practice utilised staff from the Sutton Medical Consulting Centre (SMCC) which included the nurse, the provider sought assurance that staff employed by SMCC also had appropriate recruitment checks in place.
- We saw evidence that 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 were systems to manage infection prevention and control (IPC). We observed the premises to be clean and tidy. IPC audits were carried out by SMCC and made available to Your GP Circle. Your GP Circle also undertook their own IPC audit of the areas used.
- Additional IPC systems had been put in place by SMCC and Your GP circle in response to COVID-19 to protect patients and staff.
- We saw that there was a Legionella Risk assessment in place for the premises.
- 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 checks to assure themselves in relation to the management of premises and environmental risks undertaken by the host organisation, SMCC.

Risks to patients

Are services safe?

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. The service did not provide urgent care, staff would direct patients to other appropriate emergency and urgent services if their condition meant they could not wait for an appointment. We saw that staff had received training in basic life support within the last 12 months.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- We saw there was appropriate indemnity arrangements for clinical staff to cover potential liabilities.
- We saw evidence that clinical equipment was checked for electrical safety and underwent calibration checks, as appropriate.
- Staff operating policies provided information to staff in relation to issues such as the location of emergency medicines and equipment and fire assembly points.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and routinely checked by SMCC. Items recommended in national guidance were available.

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 sample of 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. We saw examples where the provider had shared information with the patients NHS GP. However, we did identify one instance from the records reviewed where it might have been appropriate to share information relating to the consultation with the patients NHS GP however, this had not happened. The provider advised they would record clear rationale if information was not shared where clinically relevant going forward.
- At the time of inspection, the provider did not have a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading. Following the inspection, the provider had sought guidance and reviewed their policies and procedures in relation to this.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service had secure systems in place for generating and issuing private prescriptions.
- The service had carried out an antibiotic prescribing audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Antibiotic prescribing guidelines were held in the staff operating manual for common conditions in line with evidence-based guidance as a quick reference for staff.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety. Our review of clinical records found appropriate prescribing in place.

Are services safe?

- There were effective protocols for verifying the identity of patients including children. Processes were in place for checking patient identity. First consultations were either face to face or via video so that patient identity could be verified.

Track record on safety and incidents

The service had a good safety record.

- The provider utilised the premises and services under a service level agreement (SLA) with SMCC who maintained the premises and provided service support to Your GP Circle. Your GP Circle actively sought assurance from SMCC that risks in relation to safety issues were being effectively managed. The service was also in the processes of strengthening the SLA to ensure responsibilities were clearly set out.
- 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.

- There was an effective 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.
- There were adequate systems for reviewing and investigating when things went wrong. We saw examples of incidents reported in the last 12 months that had been reviewed and investigated. The service learnt and took action to improve safety in the service. For example, the service worked with SMCC to put in place systems for ensure sufficient COVID tests were in place available after appointments were delayed due to insufficient stock.
- Incidents were discussed at staff meetings as a standard agenda item.
- The provider was aware of and complied with the requirements of the Duty of Candour and were able to give an example of this. When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had systems in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

We found that Your GP Circle was providing effective care in accordance with the relevant regulations.

We identified an area the provide should improve:

- **Formally risk assess treatments offered to identify those not suitable for prescribing if the patient does not give their consent to share information with their NHS GP.**

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 guidance.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Our review of clinical records confirmed this.
- Clinicians had enough information to make or confirm a diagnosis. Patients were asked to complete a health question which included information about past medical history and medications before attending appointments.
- We saw no evidence of discrimination when making care and treatment decisions.
- We saw from records that patients received follow up where appropriate.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Clinical cases were discussed at the monthly staff meetings as a standing agenda item for learning.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider shared with us various audits they had undertaken which included, an antibiotic prescribing audit, a review of COVID-19 sampling against the provider's expected quality standards and COVID-19 test turnaround times.
- The antibiotic audit looked at the appropriateness of antibiotic prescribing against evidence-based guidelines in terms of the chosen antibiotic, dose, frequency and duration. The audit looked at 23 patients prescribed antibiotics between June and October 2021. The audit found 74% of prescriptions met all four criteria set. Actions taken in response included the updating of the staff operations manual to include common conditions and appropriate antibiotic use and plans to repeat the audit in 2022.
- Audits of COVID-19 sampling and test turnaround times showed positive results in meeting expected standards.

Effective staffing

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

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff and we saw examples of these. There was an operation manual to support staff in their work on a day to day basis.
- Doctors were registered with the General Medical Council (GMC) and were up to date with revalidation. This is the process by which the GMC confirms the doctor's license to practise in the UK.
- The GPs also worked in the NHS and were able to use this experience at the practice.
- The provider maintained records of the skills, qualifications and training acquired by staff. The provider had identified mandatory training requirements and we saw evidence that staff had completed this.
- We saw that a new member of the clinical team had undergone a record keeping / consultation audit.

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. We saw examples, of information sharing with patients NHS GP and secondary care referrals.
- 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.
- Details of a patient's NHS GP was obtained prior to consultation. Consent for the practice to share information with the patient's NHS GP was obtained during the consultation if it was deemed there was a clinical need to do so.
- The provider had not formally risk assessed the treatments they offered. This included medicines that were not suitable for prescribing if the patient did not give their consent to share information with their NHS GP, or they were not registered with a NHS GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. However, we did see some examples of information being shared in these circumstances.
- Patient information was shared appropriately 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 arrangements for following up on people who had been referred to other services.
- The practice did not undertake any procedures requiring formal consent for example minor surgery or the fitting/removal of intrauterine devices.

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.

- The provider offered patient wellbeing checks and vaccines as part of their service.
- Where appropriate, staff gave people advice during their consultation 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.

Consent to care and treatment

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

Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Clinical staff had received training in relation to the Mental Capacity Act.
- Staff supported patients to make decisions about their care and treatment although they told us that they had not needed to consider capacity since the service commenced.
- Information about the cost of individual services were available on the provider website so patients were aware before committing to a consultation.

Are services caring?

We rated caring as Good because:

Evidence seen demonstrated that Your GP Circle provided a caring service in which people were treated with compassion, dignity and respect.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Between October and December 2021, the provider carried out a patient survey. A total of 25 patients responded, results were positive. For example, 96% of respondents rated the doctor good or very good at treating them with care, assessing their medical condition and overall experience.
- Feedback from patients was positive about the way staff treated them. In the provider's patient survey, all patients who had a face to face appointment reported the receptionist as polite and welcoming.
- The provider also received positive online reviews. For example, the service received a rating of 4.9 out of 5 stars based on 123 reviews.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Feedback from patients through the provider's own patient survey and online reviews told us that they felt listened to and supported by staff. For example, all patients in the provider's survey reported that the doctor spent enough time with them, listened to them and explained their condition and treatment, where relevant.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect and took measures to ensure people's dignity and respect when using the service.
- Doors were locked via keypads helping to minimise the risk of unauthorised access during consultations and privacy curtains were in place for use during examinations.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private space to discuss their needs.
- The practice used secure systems for recording patient information and consulting remotely.
- Confidentiality agreements formed part of staff employment contracts and data protection was included in the staff handbook.

Are services responsive to people's needs?

We rated responsive as Good because:

Your GP Circle provided a responsive service. They made reasonable adjustments and delivered services that met the needs of their patients in a timely way.

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. Standard appointment times were 20 minutes but patients could request longer appointments at an additional cost.
- The facilities and premises were appropriate for the services delivered. There was lift access, disabled parking and toilet facilities onsite.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Home visits were available on request within core working hours and following triage.
- Patients could obtain an appointment with a male or female GP.

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. The provider used a private laboratory for samples taken and aimed to review and report back results to patients the same day on urgent tests or within 48 hours for non-urgent tests.
- The provider had undertaken an audit of the turnaround times for PCR tests to ensure they accurately advised patients when needed for travel purposes.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The provider did not provide urgent care. However, patients were usually able to obtain an appointment within 24 or 48 hours if needed.
- Patients reported that the appointment system was easy to use. Appointments were bookable online or by telephone. Feedback seen from the provider's own patient survey showed all patients had found it easy to book their appointment with the service and that the timing and availability of appointments were suitable for their needs.
- Referrals and transfers to other services were undertaken in a timely way. The practice was able to make private referrals directly. Patients were given a letter to take to their NHS GP if they wished to be referred through the NHS, staff would endeavour to do this the same day if their referral was urgent for example, two week wait referrals.

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. Information on the provider's website told them how to access a copy of the complaints procedure.

Are services responsive to people's needs?

- The practice shared with us complaints they had received in the last 12 months; we saw from responses given that 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 a complaints 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, this included working with the Sutton Medical Consulting Centre (SMCC), where complaints crossed organisational lines.
- Complaints were discussed at staff meetings as a standard agenda item.

Are services well-led?

We rated well-led as Good because:

We found Your GP Circle to be well-led. The service was supported by clear policies and procedures. The leadership and the culture of the services supported the delivery of high-quality care.

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 issues resulting from the pandemic.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The practice recently underwent The UK Accreditation Service (UKAS) assessment (between January and August 2021) to obtain UKAS accreditation for COVID-19 testing.

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 provider told us they aimed to provide excellent patient care. 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. Business plans were discussed at the staff meetings.

Culture

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

- Staff felt respected, supported and valued.
- The service focused on the needs of patients, providing personalised care and treatment.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. The staff handbook set out expectations of conduct for staff working for Your GP Circle. They worked with the host organisation Sutton Medical Consulting Centre (SMCC) to improve the whole patient experience.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff were able to share examples of this. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff were able to raise concerns and were encouraged to do so. There was a Whistle blowing policy available which included details of where staff could raise concerns if they did not feel able to do so internally.
- There were processes for providing staff with the development they need. Staff received access to training and annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. The provider told us how they were working with another provider to share continuing professional development events in the future.

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff. Staff were supported to work from home if needed.
- The service actively promoted equality and diversity. Staff received equality and diversity training as part of the provider's mandatory training requirements.
- There were positive relationships within the staff team.

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 we spoke with 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. We saw that policies were updated in response to incidents and information received to support the running of the service.
- The practice held monthly staff meetings for sharing information, these were available to staff that were unable to attend.
- 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.
- 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. Records were stored electronically using secure systems. The provider was registered with the Information Commissioner's Office.

Managing risks, issues and performance

There were clear and effective/was no clarity around 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 audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider 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.

Are services well-led?

- Quality and sustainability were routinely discussed in staff meetings where staff had sufficient access to information.

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. This included information received through complaints, surveys and online reviews.
- Staff were able to provide feedback on an informal basis as a small team and through the appraisal process.
- The provider held service level agreements with various services. They reviewed performance and assured themselves that the agreements in place supported high-quality sustainable services. They worked with the organisations to deliver improvements where needed.

Continuous improvement and innovation

There were 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.
- There were systems to support improvement, this included various audits and monitoring of the service provided.