

Spa Private Medical

Inspection report

31 New Barn Lane
Cheltenham
GL52 3LB
Tel: 012425060000
www.spaprivatemedical.co.uk

Date of inspection visit: 3 June 2021
Date of publication: 26/07/2021

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.

This service was registered by the CQC on 5 March 2019 and this is the first time it has been inspected and 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 Spa Private Medical on 3 June 2021 as part of our inspection programme as the service had not previously been inspected.

Spa Private Medical is registered under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning services
- Surgical procedures
- Treatment of disease, disorder or injury

Spa Private Medical is an independent GP led service with an emphasis on preventative medicine and lifestyle advice for both adults and children. It caters for both acute and on-going health problems and operates from a detached former residential building with ample facilities and car parking.

The service is managed on a day to day basis by two practice managers and the provider who is both the nominated individual and 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.

Due to the current pandemic we were unable to obtain comments from patients via our normal process of asking the provider to place comment cards within the service location. However, we saw from internal surveys and reviews on social media that patients were consistently positive about the service, describing staff as professional, kind, polite, non-judgemental and caring. Patients also commented on the service being well maintained and clean. We did not speak with patients on the day, as there were none attending for regulated activities.

Our key findings were:

- The service had safety systems and processes in place to keep people safe. There were systems to identify, monitor and manage risks and to learn from incidents.
- There were regular reviews of the effectiveness of treatments, services, and procedures to ensure care and treatment was delivered in line with evidence-based guidelines.
- Staff treated patients with compassion, respect and kindness and involved them in decisions about their care.

Overall summary

- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns. All staff had been trained to a level appropriate to their role.
- The service had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- Clinical staff we spoke with were aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their roles.
- There was evidence of quality improvement, including clinical audit.
- Consent procedures were followed and these were in line with legal requirements.
- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Systems were in place to protect personal information about patients. The service was registered with the Information Commissioner's Office (ICO).
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Information about services and how to complain was available.
- The service had proactively gathered feedback from patients.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.

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

- Due to the COVID-19 pandemic, face to face basic life support training had not been completed during the last 12 months. The provider should arrange this as soon as possible once restrictions allow.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Spa Private Medical

Spa Private Medical is an independent GP led service operated by S.V.Pierini & Co Limited. Services are provided at 31 New Barn Lane, Cheltenham, Gloucestershire, GL52 3LB and a link to the provider's website is below:

www.spaprivatemedical.co.uk

The service places an emphasis on preventative medicine and lifestyle advice for both adults and children. It caters for both acute and on-going health problems and operates from a detached former residential building with ample facilities and car parking. The premises are fully accessible to all patients with services provided on the ground and first floors. If any patients have mobility issues then they can be seen on the ground floor.

The service is provided by a lead GP, supported by three other GPs, two part-time practice nurses and two part-time practice managers. The service offered pre-bookable telephone and face-to-face consultations for adults and children.

The service is open Monday to Thursday from 8:30am to 5:30pm and on Friday from 8:30am to 6pm.

Patients could access appointments on Monday between 9am and 4:30pm; on Tuesday between 9am and 2pm; on Wednesday between 9:15am and 5pm; on Thursday between 9:30am and midday and on Friday between 8:30 and 11:30, and 1pm and 5:15pm.

Outside these hours calls were diverted to the lead GPs mobile phone.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection we spoke with the lead GP and both practice managers. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment and training records, significant events, and patient survey results.

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:

The service had established safety processes to keep staff and patients safe. This included safeguarding people from abuse, minimising the risks to patient safety and reporting incidents.

Safety systems and processes

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

- Safety risk assessments were conducted and appropriate safety policies, which were regularly reviewed and communicated to staff, including locums, were in place. They outlined clearly who to go to for further guidance. Staff received safety information as part of their induction and refresher training.
- Policies and systems were in place to safeguard children and vulnerable adults from abuse. Policies were readily available with details of relevant local authority safeguarding teams and internal contact details. All staff received appropriate safeguarding training in line with the role they carried out.
- 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.
- A staff member outlined learning from a safeguarding incident and were confident they would recognise signs of potential abuse.
- The identity of patients was checked before treatment was offered or commenced.
- Personnel records showed staff checks were carried out 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).
- We saw that staff who might act as chaperones were trained for the role and had a DBS check.
- There was an effective system to manage infection prevention and control. Staff had completed infection control training. We saw appropriate records were maintained, including cleaning records which showed a high level of compliance with several explanatory comments as to what had been done.
- The service carried out minor surgical procedures and so had single use disposable items. There were sufficient stocks of personal protective equipment, including aprons and gloves.
- There were appropriate arrangements for the management of Legionella risk associated with hot and cold-water systems (Legionella is a specific bacterium found in water supplies, which if undetected can cause ill health or death). Regular checks were carried out on water quality and temperatures in line with current guidance.
- The service ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. This included having regular fire system checks, fire drills, alarm checks and equipment maintenance checks. Portable electrical appliances were routinely safety checked.
- There were appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.
- There were systems for safely managing healthcare waste.

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 all staff, tailored to their role. This was monitored to ensure all staff completed training, were observed during their induction period and signed off as competent. Information was available on what activities staff could undertake so that patients were booked in appropriately for their appointments.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff had completed basic life support training and use of emergency equipment. Due to the COVID-19 pandemic, face to face training had not been completed during the last 12 months. We were provided with assurance this would be arranged as soon as possible once restrictions allowed it.
- Staff had completed training on eye and sharps injury and how to support a patient with an anaphylactic reaction. (An anaphylactic reaction is a severe reaction to something a patient is allergic to, such as a medicine. A reaction is potentially life threatening).
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- There was an established process for sending samples for histology (analysis) and receiving results for review. Samples were recorded in the histology log prior to daily collection and transportation to the lab. Results were normally received by midnight the same that day and were logged straight into the patient record. Results were reviewed by a clinician and patients were contacted if there was a cause for concern and appropriate referrals to other services were made, if needed. If there were no concerns, patients were still contacted and advised.
- Patients were given information and guidance documents relating to their treatment and after-care. They included advice on possible side effects and what to do.
- There were appropriate medical indemnity arrangements in place.

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. Computers were password protected with restricted access dependant on role and old paper records were securely stored in a locked room.
- Systems were in place for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patients were asked to consent for the service to send treatment details to their GP and any other relevant healthcare professionals. We saw examples of letters sent to patient GPs.
- System were in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that the service ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- Processes were in place for checking medicines, including emergency medicines, to ensure they were in date.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes, protocols, and systems were in place for checking medicines and maintaining accurate records and we saw that these were being followed.
- There was a safe system for managing prescriptions and recording details of prescriptions issued. Prescriptions were stored securely and the service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive, up-to-date, and regularly reviewed risk assessments in relation to safety issues. The risk assessments for premises and equipment covered topics such as fire, control of substances hazardous to health, security and staff welfare.
- 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.

Are services safe?

Lessons learned and improvements made

The service learned and made when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. We were shown the significant event process and were told about a reported significant event which had involved a vaccine, that was seven months out of date, being given to a patient. We saw appropriate investigations had taken place, the duty of candour followed, and measures taken to prevent a re-occurrence.
- Staff understood when to report incidents and how to use the electronic reporting system. Leaders and managers supported them when they did so.
- Staff learned and shared lessons, checked for themes and took action to improve safety in the service.
- Staff were aware of, and complied with, the requirements of the Duty of Candour. Where necessary, the service would write to a patient, provide an apology, explain what had happened, and ensure the patient was satisfied with the response.
- Staff acted on and learned from external safety events as well as patient and medicine safety alerts. An effective mechanism was 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:

The provider reviewed and monitored care and treatment to ensure it provided effective services. They carried out audits to assess and improve quality, including those on consent and infection rates. Staff received training appropriate to their roles.

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).

- Almost all patients self-referred to this 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, as well as their expectations from treatment. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients of any side effects and risks, including pain, and understood how to assess patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Staff used information about care and treatment to make improvements. Clinical records had been audited and staff had also carried out an implant audit and a referrals/response audit. We discussed the referrals audit as it had shown four referrals had not been received. We were told of the appropriate steps that had been taken to mitigate future risk. A follow up audit was undertaken and no issues were highlighted.
- There was evidence of action to resolve concerns and improve quality. A patient suggested a video recording was made of the tongue tie procedure and that it be put on the service website for parents to view to help allay any concerns that parents may have. A new patient notes system was introduced following staff comments and observations

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.
- GPs were registered with the General Medical Council (GMC), the medical professionals' regulatory body, with a licence to practise, on the GP register and held NHS positions.
- We saw each GP had a current responsible officer. All doctors working in the United Kingdom are required to have a responsible officer in place and are required to follow a process of appraisal and revalidation to ensure their fitness to practise. We saw that the GPs were following the required appraisal and revalidation processes.
- Staff were provided with protected time and training to meet their learning needs. Records showed the staff were compliant with their required training, and that this was monitored regularly.
- A mandatory training schedule for staff was seen which included safeguarding children and adults, chaperoning, Mental Capacity Act (MCA), infection prevention and control, basic life support, General Data Protection Regulation (GDPR), fire awareness, health and safety, equality and diversity, privacy and dignity and whistleblowing.
- There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.

Are services effective?

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. This included the patient's own GP where required, and patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant tests they may have had, and their medicines history. We were told of examples where patients were signposted to more suitable sources of treatment if treatment or information was not available to ensure safe care and treatment.
- 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 written and verbal advice to help with their post treatment recovery, for example, wound care following the tongue tie procedure.
- Risk factors were identified, highlighted to patients and where appropriate to their normal care provider for additional support.
- Where patient's 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 had completed training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff explained what they would do if they had concerns relating to a patient's capacity to make decisions about their care.
- 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.

Are services caring?

We rated caring as Good because:

Staff treated patients with kindness and compassion and involved them in decisions about their care. The service asked all patients for feedback and their responses were positive. Staff protected patients' privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received from several different on-line feedback resources. One method was a rating system based on patient's willingness to recommend the service they had received from a particular member of staff.
- Feedback from patients was positive about the way staff treat people. Although we were unable to place comment cards within the service due to COVID-19 restrictions, we did see other patient feedback provided by the provider. This showed patients were consistently positive about the welcome and kindness they received from staff.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff had completed training in equality and diversity, and those who spoke with us confirmed they placed a high importance on making all patients feel comfortable and at ease with their treatments.
- 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.
- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Feedback from patients indicated that they felt listened to, were supported by staff, and that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Staff were professional and explained options, benefits, risks and outcomes from treatments.
- The service gave patients clear information to help them make informed choices. We were told that any treatment, including fees, was fully explained to the patient prior to a consultation or procedure.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- There was information on the service's website with regards to the services provided and what costs applied. The website had details of how the patient could contact them with any complaints.

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.
- Consulting room doors were shut when staff were with patients. Other staff knocked on the door and waited before entering, to maintain patients' privacy and dignity.
- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The practice complied with the Data Protection Act 2018 and was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.
- There were systems in place to ensure that all patient information was stored and kept confidential.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. There were short waiting times for appointments, patients were given full explanations of any treatment undertaken and staff made patients aware of their complaints policy.

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.

- Staff understood the needs of their patients, and had improved services in response to those needs so that patients could access services on days and times that were convenient to them.
- The facilities and premises were appropriate for the services delivered. Access to the premises and treatment rooms was suitable for patients with restricted mobility.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service had treated patients with a learning disability and had made provision for their carer/guardian to be present.
- Breast feeding and baby changing facilities were available.
- Prices for different treatments were displayed in reception and on the service's website. They were discussed in advance of any treatment programme.

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.
- Feedback from patients indicated the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, if test results indicated cancerous tissue, the patient would be immediately referred to their GP for treatment.

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.

- A complaints policy was in place and information about how to make a complaint or raise concerns was available for patients to read in the reception area and on the provider's website.
- Due to the current COVID-19 pandemic and the closure of the service, there had been no complaints in the past year. We were satisfied, however, that the procedures in place, and staff knowledge on how to deal with complaints, were robust and that appropriate action would be taken.
- Feedback, including comments of concern or complaints were encouraged and 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.

Are services well-led?

We rated well-led as Good because:

The registered manager and practice managers understood the needs of the service and patients using the service. They created positive relationships in line with the provider's values and supported other staff with their career development. There was a clear governance framework and risks were identified and managed. These included risks relating to information management. There was a strong emphasis on patient experience and service improvement.

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. The practice managers were supported in this role by the registered manager for the service.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service 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 clear set of values which was to be accessible, approachable, expert and responsible. Provider values were client focused, so as to promote positive client experiences and to support staff. The clinical strategy was to embed a culture of excellence, utilise clinical and technical innovations, improve risk management, and improve clinical governance.
- 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.
- Staff said the service focused on the needs of patients and supported them with their expectations and preferences for treatment.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There had been no serious incidents in the past 12 months relating to registerable activities. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff said that they felt able to raise concerns, were encouraged to do so, and had confidence these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals and had meetings with the provider at regular intervals. These were used to discuss any shortfalls, patient feedback and also any development or career plans.
- The provider received copies of NHS trust annual appraisals for medical staff working under practicing privileges at the service.
- There was a strong emphasis on the safety and well-being of all staff. There was no lone working at the service and all staff were trained and competency checked before they worked in areas of risk.
- The service actively promoted equality and diversity. Staff had received equality and diversity training and said they felt they were well treated and they themselves treated all patients equally and with kindness.
- There was a culture of promoting positive relationships between staff.

Are services well-led?

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.
- Staff were clear on their roles and accountabilities. Service specific policies were implemented and staff knew where to find policies, including those relating to safeguarding and reporting incidents.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were regularly reviewed and updated, with clear version control.

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. For example, the provider ensured safety alerts were responded to and gave patients written after-care advice.
- The service ensured there was co-ordinated person-centred care and that consent was obtained for treatment and to providing treatment details to patients' GPs.
- There was an effective staff meeting structure and systems for cascading information within the organisation.
- 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 medical emergencies. The service held an emergency 'grab' box, which contained a wide range of items which might be needed in an emergency situation.

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 information used to monitor performance, and the delivery of quality care, was reviewed and used to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required, including to the CQC if services were to be suspended due to the current pandemic.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Clinical notes were kept in locked cabinets when not in use.
- There was a notice in reception that explained how the service used patient information and how it maintained confidentiality.
- The provider ensured document management protocols were followed, which included version control, author and review dates.

Are services well-led?

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. All patients were asked to provide on-line feedback following their treatment at the service. The provider demonstrated that any concerns raised were acknowledged within three days.
- Staff said they had regular meetings with the provider, and they could use these to make suggestions or raise concerns.
- The service was transparent, collaborative and open with stakeholders about performance.
- Staff were aware of the provider's whistleblowing policy.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and 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.