

Clockwork Retail Limited

# Clockwork Private Health Centre

## Inspection report

398-400 Mare Street

Hackney

London

E8 1HP

Tel: 020 8985 1635

Website: [www.clockworkpharmacy.com](http://www.clockworkpharmacy.com)

Date of inspection visit: 16 April 2019

Date of publication: 29/05/2019

### Ratings

#### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



### Overall summary

**This service is rated as Good overall.** The service was previously inspected in February 2018.

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 Clockwork Private Health Centre as part of our ratings inspection programme for Independent Health Providers.

Clockwork Private Health Centre offers private GP consultations to UK residents and people visiting the UK.

# Summary of findings

Clockwork Retail Limited is an independent provider of medical services situated in Hackney, London. Services are provided from Clockwork Private Health Centre 398-400 Mare Street, Hackney, London E8 1HP. It is registered with the CQC to provide the regulated activities of Diagnostic and screening procedures and Treatment of disease, disorder or injury. The provider operates from a community pharmacy which provides services which are exempt from regulation by the CQC, as set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Those services are regulated separately by the General Pharmaceutical Council, therefore, we did not inspect or report on these services.

## Our key findings were:

- There was a clear leadership structure and staff felt supported by management.

- People using the service were able to contact clinicians directly with any concerns or questions following a consultation.
- The service had a process in place to communicate with a patient's NHS GP.
- The service proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available and easy to understand.
- Appointments with the GP were readily available and flexible to meet the needs of the individual patient.

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

- Consider putting arrangements in place to audit consultation notes with a view to ensuring consistency in how information is recorded.

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

# Clockwork Private Health Centre

## Detailed findings

### Background to this inspection

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

Clockwork Retail Limited is an independent provider of medical services situated in Hackney, London. Services are provided from Clockwork Private Health Centre 398-400 Mare Street, Hackney, London E8 1HP. It is registered with the CQC to provide the regulated activities of Diagnostic and screening procedures and Treatment of disease, disorder or injury. The provider operates from a community pharmacy which provides services which are exempt from regulation by the CQC, as set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Those services are regulated separately by the General Pharmaceutical Council.

The service does not have any patients formally registered with the service. The service offers private GP consultations to both UK residents and non-residents, but most service users are people who are visiting the UK and who require additional medicines for pre-existing medical conditions.

One of the company directors who is a pharmacist 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.

The service staff consists of four pharmacists (including the registered manager) and a male GP who conducts telephone consultations and attends to see patients as and

when required. The GP is also employed in an NHS GP practice. Clinical leadership is provided by the registered manager. There is a waiting area and private consultation room on the ground floor. Toilet facilities are available for patient use.

Clockwork Private Health Centre is open Monday to Wednesday and Friday between 9am to 7pm, and on Thursdays and Saturdays from 9am to 6pm. Appointments are available during opening times.

There were no patient appointments scheduled during the inspection which meant we were unable to speak with people who had used the service.

Data provided by the service showed that the average number of patients seen is fewer than 100 per calendar year. Of those patients, approximately 90% are non-UK resident and 10% are resident in the UK.

The service conducts six-monthly patient satisfaction surveys. During the survey conducted between 10 December 2018 and 25 February 2019, 42 satisfaction survey forms were returned from 60 distributed. The service analysed the results and we saw evidence that 99% of responses were positive about the service received. The service discussed survey results at team meetings.

We carried out an announced comprehensive inspection on 16 April 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

### How we inspected this service

# Detailed findings

Before visiting, we reviewed a range of information we hold about the service. During our visit we:

- Spoke with staff including the GP and pharmacists.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed details of a patient satisfaction survey undertaken by the provider.

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

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

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

# Are services safe?

## Our findings

### We rated the service as good for safe services.

When we inspected in February 2018, we found this service was providing safe care in accordance with the relevant regulations. However, we also found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have formal arrangements in place to access local guidelines and policies were not always tailored to reflect the service provided. At this inspection, we found the provider had responded positively to feedback given at the February 2018 inspection and had ensured staff, including the GP had access to local prescribing and referral guidelines as well as updated information about local safeguarding contacts.

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. All staff had received training in safeguarding adults and children. The service lead for safeguarding was one of the pharmacists. They and the GP had been trained to level 3.
- The provider had a protocol in place to ensure that identity checks were undertaken when a patient presented at the service for the first time. This included a step to check that persons accompanying paediatric patients had parental authority for the child.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The provider had a policy of undertaking Disclosure and Barring Service (DBS) checks for all staff and we saw these were up to date. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Staff who acted as chaperones were trained for the role and had received a DBS check. Staff we spoke with were able to describe how they would carry out this role.
- There was an effective system to manage infection prevention and control. The service had carried out a legionella risk assessment within the previous twelve months.
- The provider ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

### Risks to patients

#### There were systems to assess, monitor and manage risks to patient safety.

- There was an effective induction system for staff, tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The provider had undertaken an assessment to identify an appropriate range of emergency medicines to be kept on site and these were appropriate for the activities undertaken. We saw regular checks were made on the expiry dates of medicines and equipment. Oxygen was available with children's and adult's masks and a defibrillator was on site.
- There was an automated defibrillator (AED) and regular checks were made to ensure batteries were charged.

# Are services safe?

The service was located in a busy retail area and the provider told us it had advised neighbouring businesses this was available for use in an emergency in the local area.

- The provider told us how they would assess and monitor how changes to services or staff impacted on safety, although there had not been any significant changes since the previous inspection.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

## 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 although there were areas where improvements could be made. For instance, although there was a process in place to check the identity of a patient presenting for a consultation, this information was not recorded in a consistent manner. We saw one instance of a patient who attended for a medical assessment required for their work, but it was not recorded how the clinician was assured they were assessing the person named on the form. The provider explained this patient was already well-known to the service, however this was not recorded in the notes. We also found it was not clear on one patient's notes if information recorded referred to previous medical history or to treatment being prescribed at the consultation. Although the provider was able to explain the detail in this case, there was a risk another clinician reviewing this record would not have been able to ensure continuity of care. The provider rectified this on the day of the inspection and we were able to see an updated version of the consultation note form which made it easier to separate medical history, existing treatments and proposed treatment and a field requiring mandatory confirmation of patient identity.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The provider did not use pre-printed prescription stationary because private prescription forms were printed as needed from a secure computer. Controlled drugs were not prescribed.
- The service carried out regular medicine audits, including an audit of high-risk medicines, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service developed and authorised Patient Group Directives (PGDs) for use in the provider's affiliated pharmacies. There was an overarching policy in place to ensure the development and review of PGDs was consistent and in line with regulations. We looked at six examples of PGDs developed by the provider and found each was compliant with regulations.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems to review and investigate when things went wrong. The service was aware of the need to learn and share lessons identified, themes and to take action to improve safety in the service. The service had not identified any significant events since the previous inspection.

## Are services safe?

- When we inspected in February 2018, we noted the provider had not considered the potential learning opportunities from recording positive significant events. At this inspection we saw the provider had reviewed its Significant Event Policy to capture positive learning.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **We rated the service as good for providing effective services.**

When we inspected in February 2018, we found this service was providing effective care in accordance with the relevant regulations. We also found areas where improvements should be made relating to the effective provision of treatment. This was because the provider did not have formal arrangements in place to access local guidelines and the process for seeking consent to share patients' healthcare information with their NHS GPs did not sufficiently record action taken in the event of their consent being withheld. At this inspection, we found the provider had taken action to improve how it sought consent to share information with NHS GPs and could explain the circumstances under which confidential information could be shared without consent.

### **Effective needs assessment, care and treatment**

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis. The provider told us patients attending the service had blood pressure and pulse readings taken by a pharmacist and this information was relayed to the GP. We looked at examples of consultation notes and found it was not always clear which member of staff had taken these readings. However, the provider told us these were always done by the duty pharmacist who was identifiable through a mandatory staff log which was maintained daily.
- We saw no evidence of discrimination when making care and treatment decisions.
- The overwhelming majority of patients using the service visited on a one-off basis. Although arrangements were

in place to deal with repeat patients, we found one area where an improvement could be made to the management of patient notes. Specifically, if a patient made a repeat visit, a new file was opened for the subsequent visit(s). This meant there was a risk a clinician might not know there was more than one record for a patient. The provider told us it mitigated this risk by filing all patient notes alphabetically and given the relatively small number of patients, the risk of a record being missed was low. However, the provider told us it would implement a system of maintaining a single file for each patient and would add subsequent visits to this record.

### **Monitoring care and treatment**

#### **The service was actively involved in quality improvement activity.**

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 had carried out six clinical audits over the last two years, and we saw changes had been made to improve the service. One audit reviewed the extent to which the practice recorded blood pressure when prescribing antihypertensives (medicine to reduce blood pressure), and blood glucose levels when prescribing medicine for diabetes. The first cycle, carried out in 2016, showed that 71% of patients on medicine for blood pressure and 75% of patients on medicine for diabetes had the appropriate measurements recorded. The audit was repeated in 2017 and the results had improved to 88% and 86% respectively. A further audit cycle carried out in 2018 showed the improvement had been maintained. The provider had also undertaken a prescribing audit to ensure prescribing was in line with local guidelines and an audit of high-risk medicines.

### **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 were registered with the appropriate registration body and were up to date with revalidation



# Are services effective?

(for example, treatment is effective)

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

## **Coordinating patient care and information sharing**

### **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. Where appropriate, information was shared directly with the patient's NHS GP, for example if a patient needed an urgent referral. Clinicians we spoke with were able to explain confidential information could be shared without consent if it was required by law, or directed by a court, or if the benefits to a child or young person that would arise from sharing the information outweighed both the public and the individual's interest in keeping the information confidential. This was in line with GMC guidance around information sharing.
- All 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. During the inspection, we noted although the provider used a form on which the patient provided details of their GP practice, it was not explicitly clear this was also used to indicate consent. The provider updated the form with a section about consent before the inspection was finished.
- 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.
- Most patients attended the service on a one-off basis as temporary residents, seeking continuation prescriptions

for existing conditions while visiting the area. The majority of patients were not registered with an NHS GP. The service had a policy to govern prescribing including the possibility of prescribing up to six months treatment when the doctor considered it in the patient's best interests. Patients visiting from overseas were provided with a letter detailing their treatment and encouraged to share this with their own health care provider at the earliest opportunity.

- The provider had risk assessed the treatments they offered and had opted not to prescribe medicines liable to abuse or misuse, for instance, benzodiazepines and hypnotics.
- The GP signposted to the NHS out of hours services and accident and emergency as appropriate.

## **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. Patients who had consultations at the service were provided with direct dial telephone numbers for the registered manager who was also a pharmacist, and the GP and were encouraged to make contact if they had concerns or questions about their condition or their treatment.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the service as good for providing caring services.**

### **Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treat people
- 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.**

- Staff told us patients were normally seen by the GP on only one occasion and that the majority were seeking additional advice, support or medicines for a pre-existing condition, for which they were already being treated by their registered doctor.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. The provider told us more than ten commonly used community languages were spoken by members of staff.
- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.

### **Privacy and Dignity**

**The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the service as good for providing responsive services.**

### 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.**

- This service generally provided healthcare for patients who chose not to access or were not registered with National Health Service (NHS) providers and those who preferred to seek a private GP consultation
- The facilities and premises were appropriate for the services delivered.

### Timely access to the service

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- There were no formal clinic times which meant patients could contact the service at any time when the host pharmacy was open.
- Patients seeking a consultation with the GP were referred promptly. Upon receipt of a request, the GP was contacted by telephone and either a telephone consultation conducted or a face to face consultation arranged to take place either on the same day or within twenty-four hours.

### Listening and learning from concerns and complaints

**The service had a policy in place to ensure it could take complaints and concerns seriously and respond to them appropriately to improve the quality of care. It had not received any formal complaints within the previous twelve months. On one occasion, a patient had mentioned the waiting area was uncomfortably cold and the provider had immediately adjusted the heating to their liking.**

- Information about how to make a complaint or raise concerns was available.
- The service had a complaint policy and procedures in place.

# Are services well-led?

Good 

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

## Our findings

**We rated the service as good for providing well-led services.**

### **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. We noted the provider had responded quickly and positively to feedback provided at the February 2018 inspection and found a similarly positive approach to feedback given at this inspection.
- 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.

### **Vision and strategy**

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

- The service had a mission statement which was displayed in the waiting areas and staff knew and understood the values and their role in achieving them.
- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

### **Culture**

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

- The provider told us it considered it had a responsibility as a healthcare provider to its local community and had ensured neighbouring businesses were aware it had an automated defibrillator and oxygen on site and these would be made available in the event of an emergency.
- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider had a process in place to ensure 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 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. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between management and staff.

### **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 they were operating as intended.

### **Managing risks, issues and performance**

**There were clear and effective 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.

# Are services well-led?

Good 

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

- 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.
- 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 accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

### The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The service conducted six-monthly patient satisfaction surveys. During the survey conducted between 10

December 2018 and 25 February 2019, forty two satisfaction survey forms were returned from sixty distributed. The service analysed the results and we saw evidence that 99% of responses were positive about the service received. The service discussed survey results at team meetings.

- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## 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 provider told us during a recent shortage of the most commonly used Hepatitis A vaccine, it had researched and identified alternative but less well-known vaccines and had developed PGDs to ensure these could be prescribed at a time when other providers were using paediatric vaccines for adult patients. The provider told us it had told local GP practices about these alternative products to promote better public health.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The provider had supported a member of staff to become an independent prescriber and was currently providing support for a staff member to attend a Trustee Leadership programme which although not of direct benefit to the provider, was a contribution to the wider community.