

Randex Health London Ltd

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 31 May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations. We carried out this inspection under Section 60 of the Health and Social

Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Randex Health London is a private healthcare service that provides health assessments for its patients using a range of screening processes. Following the assessment and screening process patients undergo a consultation with a healthcare expert to discuss the findings and any recommended lifestyle changes. Where necessary referrals to other services are made, for example to a specialist consultant.

The clinic manager for the service is also 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.

We spoke with two patients on the telephone and reviewed the service's online patient survey for 2016-2017. The comments were positive about the staff and the service provided.

Our key findings were:

Summary of findings

There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The service was offered on a private fee-paying basis for adults only.
- The service had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- Patients we spoke with and results from the service's independent online survey demonstrated that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- The service had good facilities and was well equipped to treat patients and meet their needs.

- There were clinical governance systems and processes in place to ensure the quality of service provision. Staff had access to all standard operating procedures and policies.

- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.

There were areas where the provider could make improvements and should:

- Review the inclusion of child safeguarding, basic life support and Mental Capacity Act as part of the mandatory training.
- Consider implementing a 2-cycle audit process to help measure the quality of improvement.
- Review the consent form and consider including a provision to share information with the patient's NHS GP.
- Review the effectiveness of the current portable wheelchair ramp used to assist patients into the building.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- There were systems and processes in place to keep adult patients safe and safeguarded from abuse, and a patient identification system was in place.
- There was a system in place for investigation and reporting of incidents and significant events. Lessons learnt were shared with staff.
- Staffing levels were appropriate for the provision of care provided.
- There were systems in place to meet health and safety legislation.
- There were arrangements in place to deal with emergencies and major incidents.
- We observed the service premises to be clean and there were systems in place to manage infection prevention and control (IPC), which included a recent IPC audit.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Clinical staff were aware of and used current evidence based guidance relevant to their areas of expertise.
- Clinical staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Audits were undertaken to ensure quality improvement.
- There were formal processes in place to ensure all members of staff received an induction and an appraisal.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Systems were in place to ensure that all patient information was stored and kept confidential.
- We spoke with two patients and viewed an online survey that showed patients felt their privacy and dignity was respected and they were shown kindness, respect and compassion.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- There was a complaints policy which provided information about handling complaints from patients. There was a patient leaflet outlining the complaint process in line with guidance.

Summary of findings

- Information for patients about the service was available in a patient leaflet and on the clinic's website.
 - The service took pro-active steps to address concerns or feedback highlighted by patients and staff.
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Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The management team had the capacity and skills to deliver high-quality, sustainable care.
 - The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
 - There were clear responsibilities, roles and systems of accountability to support good governance and management.
 - The service engaged and involved patients and staff to support high-quality sustainable services.
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Radox Health London Ltd

Detailed findings

Background to this inspection

Radox Health London is a private healthcare service which has been registered with the Care Quality Commission since 2015 to provide the regulated activities of diagnostic and screening; and treatment of disease, disorder and injury. The service headquarters is in Northern Ireland and it has another location based in Liverpool.

The service provides health assessments through a range of health screening packages. The purpose of the health assessment is to provide a detailed review of a patients' current health status, and to identify any potential underlying health problems.

We were told that the majority of patients that use the service are London city workers between the ages of 30 and 55.

The screening process involves taking blood, urine samples and noting the patient's bio-measurements, which includes height, weight, pulse and blood pressure readings.

Depending on the package purchased, a single element or up to 350 specific elements of the body are tested within the onsite laboratory.

After the screening process, a comprehensive report is generated and sent to the patient with details about their current and projected future health. The most common screening packages provide a health review of all the key organs along with information on nutritional health, digestive health, muscle and joint health, bone health, diabetes and infection. Patients then have a consultation with a healthcare expert (scientific consultant or a doctor) to discuss the findings of the report. The patient is given lifestyle advice on how to improve their health. Any patients requiring further investigations or any additional support are referred to other services, for instance, a specialist or advised to see their own GP.

The service address is:

Finsbury House, 23 Finsbury Circus, London, EC2M 7EA.

The service is open Monday to Friday from 7.00am to 6.00pm, and is open on request on Saturdays between 8am to 12pm. The staff based at the location consist of a clinic manager, two phlebotomists, two personal-co-ordinators, a scientific consultant and a part-time GP (working one day a week). The service is provided with regular support from the quality manager who is based in Northern Ireland.

The majority of packages purchased by patients include a consultation with the scientific consultant rather than a doctor. The scientific consultant is a graduate in biomedical science, who is trained to analyse and interpret patient results, and give advice on how to make lifestyle changes affecting areas such as exercise, nutrition, sleep and stress management. A biomedical scientist is included as a recognised clinician within the CQC's scope of registration for providing treatment of disease, disorder and injury. We carried out an announced comprehensive inspection at Radox Health London on 31 May 2018. Our inspection team was led by a CQC Lead Inspector who was accompanied by a second inspector and a GP Specialist Advisor.

Before visiting, pre-inspection information was gathered and reviewed. On the day of the inspection we spoke with the clinic manager, a phlebotomist, a scientific consultant and a personal co-ordinator. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses, patient survey results and complaints.

Shortly after the inspection, we also spoke with the part-time GP and two patients who had recently used the service.

•Is it safe?

Detailed findings

- 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 found that this service was providing safe services in accordance with the relevant regulations.

Safety systems and processes

- People who used the service were all over the age of 18. We saw that arrangements for adult safeguarding reflected relevant legislation and local requirements. The clinic manager was also the lead member of staff for safeguarding. 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, a printed safeguarding pack was available in each consultation room.
- With the exception of the part-time doctor, no other staff member had undertaken child-safeguarding training. We were told that this was because all patients that used the service were adults. After the inspection, we received confirming evidence that all staff had undertaken child safeguarding training.
- Appropriate recruitment procedures were in place to ensure staff were suitable for their role. We reviewed five employee records that showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, proof of qualifications and proof of registration with the appropriate professional bodies. In addition, Disclosure and Barring Service (DBS) enhanced checks were undertaken for all staff. 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.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were appropriately trained for the role. There was a chaperone policy and staff we spoke with who acted as a chaperone understood their role and responsibilities.
- The premises were suitable for the service provided. The service conducted safety risk assessments. It had a range of safety policies that were regularly reviewed and communicated to staff. Safety information was provided to staff as part of their induction and refresher training.
- There was an effective system to manage infection prevention and control. Daily checks were completed in

each assessment room for cleanliness which included equipment. We noted that a sharps injury poster/policy was not on display in every consultation room. After the inspection we were provided with photographic evidence confirming that sharps injury posters were now on display in each clinical room.

- The practice engaged contract cleaners and we observed the premises to be clean and tidy. The service had a cleaning schedule in place that covered all areas of the premises.
- Arrangements for managing waste and clinical specimens kept people safe.
- There was an appropriate system in place for dealing with pathology results. Pathology specimens were sent to the in-house laboratory for analysis. Pathology results were accessed through a secure portal.

Risks to patients

- There was sufficient staff, including clinical staff, to meet demand for the service. The service was not intended for use by patients requiring treatment of acute or long term conditions or as an emergency service.
- The service had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines. There were two members of staff who had received annual first aid and basic life support training. We were told that there was always a first aid trained member of staff present during the service's opening hours. After the inspection, the service sent us confirming evidence that showed all the staff had been provided with basic life support and anaphylaxis training on 18 July 2018.
- We were told that the service had access to a defibrillator and oxygen with adult and children's masks. However, on the day of the inspection we only saw evidence of a defibrillator kept on site. We were told that the oxygen cylinder had recently gone out of date and that a new cylinder had been ordered. After the inspection, we received confirming evidence that the oxygen cylinder had been delivered to the location, a monthly oxygen checklist was in place, and the internal database now gave the service a 30 day expiry notice for the oxygen tank.

Are services safe?

- The service told us that they did not stock any other emergency medicine as they did not provide an acute service and patients that used the service were generally well.
- We saw evidence that appropriate risk assessments had been carried out for not stocking emergency medicines. However, post inspection, we were told that the service had decided to stock adrenaline and we were provided with evidence of this.
- There were panic button alarms in all the health assessment rooms to enable staff to summon assistance in the event of an emergency.
- Doctors had professional indemnity cover that covered the scope of their private practice.
- The clinic had a comprehensive business continuity plan in place for major incidents such as power failure or building damage, which included contact details of staff.
- The service had up to date fire risk assessments and it carried out regular fire drills. All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it remained in working order.

Information to deliver safe care and treatment

- The information needed to plan and deliver care and advice was available to relevant staff in a timely and accessible way through the service's patient information system and their intranet system. This included investigation and test results, health assessment reports and advice.
- Assessments were recorded on the services electronic system. We found that patient records were stored securely using an electronic patient record system. Access to records was password protected and restricted to staff members only, which protected patient confidentiality.

Safe and appropriate use of medicines

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

- If a health concern was identified as part of the assessment and screening process patients were referred on to other services for clinical input.
- The part-time doctor told us that they would rarely issue a prescription, but if they did, they were always safely processed and signed by them. The prescriptions were not stored on site but system generated at the time of creation.
- The provider did not hold any stocks of medicines for dispensing, including controlled drugs, and did not prescribe any controlled drugs.

Track record on safety

The service had a good safety record.

- The service was operating from rented premises and maintenance and facilities management was shared by the landlord and the tenant.
- We saw evidence that the fire alarm warning system and firefighting equipment was regularly maintained and logged.
- Regular fire alarm warning system tests were undertaken and logged. The service had nominated and trained two fire marshals. All staff we spoke with knew the location of the fire evacuation assembly point and had undertaken fire awareness training. We saw fire procedure and evacuation guidance displayed in the consultation rooms and common areas.
- We saw that various risk assessments had been undertaken for the building, including health and safety, legionella and fire.
- Portable appliance testing (PAT) had been undertaken in November 2017. Calibration of clinical equipment was conducted on an annual basis and the testing was last carried out in June 2017.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice.
- The service had incorporated national guidelines into its own clinical guidelines and pathways.
- The service discussed patient needs to ensure the most appropriate health checks were being undertaken for each individual.
- When a patient needed a referral for further examination, tests or treatments they were appropriately referred, for example to a specialist consultant.

Monitoring care and treatment

- The provider had systems in place to monitor and assess the quality of the service including the care and advice provided to patients.
- There were systems in place to monitor and follow-up on pathology and sample results. All results and health assessment records were saved in the patient's electronic file.
- We saw that the service had an audit plan for 2018 which indicated that 14 single cycle audits were due to be carried out in the year. On the day of the inspection, we saw evidence of two recent audits that had been carried out. One audit was for infection prevention and control and the other was a 'phlebotomist live observation'. The live observation included another member of staff observing and scoring a phlebotomist based on how accurately they followed the services 'sample taking' pathway and guidelines. Both of the completed audits showed that the service reviewed and reflected on the findings, and implemented changes where these were indicated. For example the infection prevention control audit, identified that the patient toilets did not have a clinical waste bin, and so urine collection packs were being disposed in the ordinary waste. As a result, clinical waste bins were placed in the patient toilets.

Effective staffing

- We found staff had the skills, knowledge and experience to deliver effective care and treatment. All new members of staff undertook a comprehensive two-week induction programme, which was based in the headquarters located in Northern Ireland and covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We reviewed the external training system used by the service and found staff had access to a variety of training, including: e-learning training modules; and in-house training. Staff were required to undertake mandatory training and this was monitored to ensure staff were up to date. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff were supported through one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

- Before providing any services patients were asked to complete a consent form. The consent form did not include a provision to share information with the patient's NHS GP. However, we were told that the service would consider implementing this within the form.
- When results indicated that further investigation was needed, the service would refer the patient on to a named specialist, if the patient did not wish to see that person, then they would be advised to see their own NHS GP.

Supporting patients to live healthier lives

- Staff told us they were proactive in educating and supporting patients to live healthier lives. This was done through a process of assessment and screening and the provision of individually tailored advice and support to assist patients. Following assessment, each patient was provided with an individually tailored detailed report covering the findings of their assessments and recommendations for how to reduce the risk of ill-health and improve their health through healthy lifestyle choices.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- All staff we spoke with understood and sought patients' consent to care and treatment in line with legislation and guidance.
- The clinic manager and GP had received Mental Capacity Act training. Post inspection, the provider told us that this training had now been incorporated into the 2018 training programme for all staff.
- The service had a consent policy and form.
- We were told that any treatment, including fees, was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.
- There was comprehensive information on the service's website about the services provided.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

- We observed that staff treated service users with kindness, respect and compassion.
- Staff told us they respected the personal, cultural, social and religious needs of service users. We saw that employed staff had undertaken equality and diversity training.
- Arrangements were in place for a chaperone to be available if requested and we saw notices advising patients of this in the reception area.
- We were unable to speak with patients on the day of the inspection and no CQC comment cards had been completed.
- However, post inspection we spoke with two patients who had recently used the service. Both patients commented that the service offered a professional, caring and thorough service. They also commented that staff were friendly, helpful and informative.
- The service last carried out an independent online patient survey in for 2016-2017. The survey was completed by 66 patients. The results indicated that over 90% of patients were satisfied with the service, felt it was professional and found the service understood their needs.

Involvement in decisions about care and treatment

- The service gave patients clear information to help them make informed choices which included comprehensive information on the service's website and a patient leaflet. Clear information regarding the cost of services was given when booking an appointment.

- The two patients we spoke with felt they were adequately involved in their care decisions and all their care questions were answered.

Privacy and Dignity

- The service respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and the service complied with the Data Protection Act 1998. All confidential information was stored securely on computers.
- Privacy screens were provided in consulting rooms to maintain patients' privacy and dignity. Consultation and treatment room doors were closed during consultations so that conversations taking place in those rooms could not be overheard. Signs in the reception area advised patients that chaperones were available should they want this and staff who provided chaperoning had received training to carry out the role.
- There was an induction hearing loop available to aid those patients who had impaired hearing.
- The service did not have access to a translation service. We were told that, to date, none of the service' patients had required a translation service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

- The facilities and premises were appropriate for the services delivered. All patients were offered and had access to refreshments. The service was located on the ground floor. However, to enter the building you had to walk up a small number of steps.
- For those who required assistance accessing the building, the service advertised a clear and visible poster with a contact number for the reception team. We were told that the service was also discussing with their landlord the possibility of installing an assistance buzzer at the bottom of the steps leading up to the building.
- With the assistance of staff, wheelchairs users were able to access the service through an alternative entrance to the building. This was done with the aid of a portable ramp. We had some concerns regarding the ramp, as it was very steep and required at least two people to safely assist a wheelchair user into the premises. The service told us that they would re-review the current process for aiding wheelchair users into the building.
- The service offered a range of health assessments for patients. The service had an on-site pathology laboratory, this enabled them to offer pathology results to the patients within a short timescale.
- Discussions with staff showed that the service was person centred and flexible to accommodate patient needs. Patients received personalised reports that were tailored to their needs.

Timely access to the service

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

- Appointments were available on a pre-bookable basis. The service offered pre-bookable face-to-face appointments to patients aged 18 years and over.
- Patients could access appointments on Monday to Friday from 7.00am to 6.00pm, and Saturday from 8.00am to 12.00pm.
- The online patient survey results indicated that 94% of patients found it easy to book an appointment at the clinic.
- We saw that the standard appointment duration for sample taking was 45 minutes and for consultations was 30 minutes.
- Providing that a patient lived within a close proximity of the clinic, home visits could be arranged for sample collection. During home visits portable phlebotomy kits would be used by the phlebotomists. Once the samples had been taken they would be immediately stored in a cool bag and transported back to the clinic.
- The service told us that they had a mobile clinic at their Liverpool site, and they were considering of purchasing an additional mobile clinic for the London location.

Listening and learning from concerns and complaints

- The service had a complaints policy and there were procedures in place for handling complaints. This included timeframes for acknowledging and responding to complaints with investigation outcomes.
- There was a designated responsible person to handle all complaints. Information about how to make a complaint was available to patients in the clinic and on its website.
- The service had recorded three complaints in the last year. We found that they were satisfactorily handled in a timely way and we saw evidence of learning. For example, we saw that in response to a complaint regarding a doctor not being available for an appointment, the service ensured that an additional doctor (based in Northern Ireland) could provide remote consultations, if required.
- We saw evidence from minutes of meetings that complaints had been discussed in staff meetings.

Are services well-led?

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

Our findings

We found that the service was providing well-led care in accordance with relevant regulations.

Leadership capacity and capability

The management team had the capacity and skills to deliver high-quality, sustainable care.

- The management and clinical team had the experience, capacity and skills to deliver the service strategy and address risks to it
- They were knowledgeable about issues and priorities relating to the quality and future of services.
- The clinic manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The quality manager was also accessible at all times over the telephone, and made regular trips to the London location.

Vision and strategy

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

- The provider told us its primary purpose was to provide people with a preventative healthcare service, and to equip patients with the required to their health and serious disease in the future.
- The service monitored its progress against delivery of the strategy.

Culture

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

- Staff we spoke with told us they felt respected, supported and valued. They told us they were proud to work at the service. The service focused on the needs of patients.
- All staff we interviewed spoke highly of the team spirit and commented that there was an open door policy and the management team were visible and approachable.

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff we spoke with told us there was a culture of openness, honesty and transparency when responding to incidents and complaints.
- There were processes for providing all staff with the development they need. This included appraisal, training and career development conversations.

Governance arrangements

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

- There was a clear management and staffing structure and staff we spoke with told us they were aware of the management structure and their own roles and accountabilities within the service. We saw staff had lead roles, for example, infection prevention and control, complaints and safeguarding.
- Clinical oversight to ensure care and treatment was compliant with relevant guidelines and standards were monitored by the service's management team, who were a multi-disciplinary team consisting of clinical and non-clinical staff.
- Operational and Care Quality Commission compliance was overseen by the clinic manager.
- All staff had access to the staff intranet which outlined the mandatory systems, training and resources required to ensure the service was compliant and could demonstrate safe, effective, caring, responsive and well-led care. We reviewed several policies and noted that they were all service-specific.

Managing risks, issues and performance

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

- The service carried out premises risk assessments which included health and safety and fire.
- There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service.

Are services well-led?

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

- We saw evidence of regular clinical and staff meetings, one-to-one meetings, supervision and appraisals. There was a set range of mandatory training courses that staff were required to undertake.
- The provider had plans in place to deal with major incidents.

Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

- Patient consultations and treatments were recorded on a secure electronic system.
- There were appropriate 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 engaged and involved patients and staff to support high-quality sustainable services.

- Patients were actively encouraged to provide feedback on the service they received. This included a feedback box in the reception area and, following health assessments, patients were asked to complete a survey about the service they had received.

- This was continuously monitored and we were told action would be taken where feedback indicated that the quality of the service could be improved.
- The provider actively engaged with staff through one-to-one meetings, staff meetings and appraisals. All staff had access to an intranet dashboard which was a platform for group discussion and management, human resource and operational documentation. All staff we spoke with utilised this resource.
- Staff told us the service responded to feedback from the team and some changes had been implemented which improved patient outcomes. For example,
- Staff told us the provider funded regular social events which included regular lunches and dinners.

Continuous improvement and innovation

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

- The practice made use of reviews of complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out for reflective learning to review individual and team objectives, processes, performance and training and all staff had one hour protected time each week.