Mayfield House

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

- The service provided safe care. The unit environments were safe and clean. There was enough nurses and doctors. Staff assessed and managed risk well. They minimised the use of restrictive practices, managed medicines safely and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a mental health rehabilitation ward and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The units teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the unit who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised well with services that would provide aftercare. As a result, discharge was rarely delayed for other than a clinical reason.
- The service worked to a recognised model of mental health rehabilitation. It was well led and the governance processes ensured that ward procedures ran smoothly.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working-age adults	Good 	Start here...

Summary of findings

Contents

Good

Mayfield House

Services we looked at

Long stay or rehabilitation mental health wards for working-age adults;

Summary of this inspection

Background to Mayfield House

Mayfield House is a six bedded rehabilitation unit for patients that are recovering from mental illness. It is owned and operated by the Priory Group and forms part of a rehabilitation pathway with another four-bedded unit that has been developed to provide step down facilities to patients at their 18-bedded hospital. It is a unit specifically for women between the age of 18 and 65. The unit has been open since 2014. It was inspected in December 2016 and was rated good overall at that time. The unit provides community-based rehabilitation and promotes independent living. The building is a large house with six bedrooms, two lounge areas and a kitchen and dining area. There is also a small room set aside as a nursing office. On the top floor is a large room that doubles as a storage room and staff area. The only rooms that are locked are the nursing office and upstairs store room. Patients have keys to their own bedrooms, which they can lock if required. The unit has an open front door and patients are encouraged to come and go whenever they want. The door is locked at night for security reasons, but informal patients can leave at any time. There is a registered manager shared between Mayfield House and another hospital nearby. The registered manager is the only qualified nurse and is solely responsible for monitoring medication. The two services also share a psychiatrist and a psychologist who develop treatment and care plans and have regular input into the day-to-day care of the patient group. All other staff members are health care support workers who have undergone training to allow them to administer medication and take bloods.

Our inspection team

Team leader: Matt Brute

The team that inspected the service comprised two CQC inspectors

This service was last inspected in March 2018. At that time, we found no breaches in regulations.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. The inspection was unannounced.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

'Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- Visited the unit, looked at the quality of the environment and observed how staff were caring for patients;
- spoke with four patients who were using the service;
- spoke with the registered manager and the deputy manager

Summary of this inspection

- spoke with two other staff members, both support workers
- Looked at three care and treatment records of patients:
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the service say

Patients spoke highly of the support and care they received. They stated that they felt that staff treated them with dignity and respect. everyone we spoke to felt that being at the unit was helping them return to the community to live independently.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

• All parts of the unit were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

• The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm

• Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour.

• Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

• Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records which were all electronic.

• The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.

• The unit had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Are services effective?

Good

• Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

• Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support

Summary of this inspection

for self-care and the development of everyday living skills, and to meaningful occupation. Staff ensured that patients had good access to had good access to physical healthcare and supported patients to live healthier lives.

• Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

• The ward team(s) included or had access to the full range of specialists required to meet the needs of patients on the ward(s). Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

• Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The unit team had effective working relationships with other staff from services that would provide aftercare following the patient's discharge and engaged with them early in the patient's admission to plan discharge.

• Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

• Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Are services caring?

Good

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately.

Summary of this inspection

Are services responsive?

Good

• Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, patients did not have excessive lengths of stay and discharge was rarely delayed for other than a clinical reason.

• The design, layout, and furnishings of the ward/service supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy.• The food was of a good quality and patients could make hot drinks and snacks at any time.

• The unit met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

• The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

Are services well-led?

Good

• Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.

• Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

• Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

• Our findings from the other key questions demonstrated that governance processes operated effectively and that performance and risk were managed well.

• Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

• Staff engaged actively in local and national quality improvement activity.

Detailed findings from this inspection

Mental Health Act responsibilities

One patient had restrictions placed upon them relating to sections of the Mental Health Act. All paperwork relating to this was in place, correct and stored securely. All required paperwork was attached to medication charts and had been filled correctly. The unit had an open-door policy and informal patients could come and go, as they needed to. Mental Health Act training was part of the mandatory calendar and all the staff that we spoke to had completed this. They had a good knowledge of the Mental Health Act and its guiding principles.

Mental Capacity Act and Deprivation of Liberty Safeguards

All patients at Mayfield House had had their capacity considered in the admission documentation contained in the care records.Staff stated that capacity was monitored and reviewed at multi-disciplinary team meetings. Due to the nature of the unit, if any patient's health deteriorated to the point where by they were judged to have a lack of capacity they would be transferred to another unit. There were protocols in place to ensure this was done in the patient's best interests. Mayfield House had not needed to use the Deprivation of Liberty Safeguards. We were told by qualified members of the team that if this was required they would be able to make an application.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Long stay or rehabilitation mental health wards for working age adults

Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are long stay or rehabilitation mental health wards for working-age adults safe?

Good

Safe and clean environment

The unit was in a residential area. Staff could not observe all areas of the building as it was laid out as a normal house to encourage independent living. As this was a stepdown unit, which was set up to support patients into true community placements this was not necessary. Mayfield House had a ligature risk assessment. There were ligature points in all areas, but patients had to be low risk and moving towards living in the community to access the service. Patients had individual risk assessments in place, which included the management of ligature risks. Mayfield House had not had any incidents relating to tying ligatures.

The unit was for females only. As such, they complied with guidance on same sex accommodation.

Mayfield House had a small nursing office. Staff supported patients to register with a local G.P. Clinical equipment was stored appropriately and checked regularly. Staff used a locked cupboard to store medication and the temperature of the room was monitored daily. The emergency bag was stored in the office. This was checked regularly, and staff had signed and dated all paperwork.

Mayfield House did not have a seclusion room.

Staff adhered to good infection control principles. Hand sanitiser and handwashing posters were available around the unit.

Equipment was well maintained and clean. Staff had undertaken safety checks on all items that required it and there were in date stickers in place to evidence this.

Though there were cleaning records available, the environment was clean and well presented.

Staff and managers carried out environmental risk assessments on a regular basis. These were in date and reviewed regularly.

Mayfield House did not have an alarm system, but this was not required due to the type of service being offered. As the building was small, if a patient required assistance staff could be called verbally.

Safe staffing

Mayfield House had staffing levels of two healthcare assistants throughout the day and two health care assistants throughout the night. A qualified nurse or unit manager visited the unit every day and the psychologist visited throughout the week. The qualified nurse visited the unit each day to monitor medication and ensure that any clinical needs were met.

The manager stated that all shifts were covered, and the rotas confirmed this. Mayfield House rarely used bank and agency staff but when they did, they were staff who knew the unit or worked for the Priory Group in other locations.

The manager could adjust the staff mix as caseload required but this was rare. due to the nature of the unit, if a patient required extra care they would be moved to a more suitable location.

Patients and staff confirmed that one to one time was never cancelled and patients could speak to a staff member whenever they needed to.

Long stay or rehabilitation mental health wards for working age adults

Good

Patients had full access to the community and there was no requirement for them to have escorted leave as this was part of their recovery programme.

Patients could access medical cover through local trust facilities. In non-urgent cases, medical cover was provided through local G.P. practices. In an emergency staff would dial 999 for the emergency services.

Staff had received mandatory training including infection control, fire safety, safeguarding and others. Staff training at the time of our inspection was at 100% compliance.

Assessing and managing risk to patients and staff

Mayfield House did not use seclusion or long-term segregation.

Patients displaying physically aggressive or threatening behaviour would be transferred to a safer environment. Staff had not used restraint in the 12 months prior to the inspection and there had been no cases where a patient had required transfer to another unit.

We reviewed three sets of care records. Staff undertook a risk assessment prior to admission, which continued through the admission process. These were updated regularly and risk assessments were personalised and specific.

The unit did not have blanket restrictions. As patients accessed the community freely, there were few restrictions in place. if there were restrictions in place, there was a clear rationale, and this was documented in the patient's records as in the case of restrictions placed upon people by sections of the Mental Health Act.

The unit had an open front door, which meant that patients could leave at will. Five of the patients at Mayfield House were informal and one was detained under section of the Mental Health Act. The patient detained under the mental health act did not have any restrictions placed upon them in terms of how much time they could spend in the community. This meant that there was no requirement for physical security in the form of locked doors.

Mayfield House used the Priory Group policies for the use of observations, which included mitigation of ligature risks and searching patients.

Restraint, rapid tranquilisation and seclusion were not used at Mayfield House.

Staff received training in safeguarding level two as part of their mandatory training. Staff we spoke with had good knowledge of how to make a safeguarding report and when one would be required. They all stated that they felt confident that they could make a report if required.

Mayfield House used good medicines management protocols. The qualified nurse carried out regular audits as staff that are not registered nurses were dispensing medication. All staff that dispensed medication had undertaken specialist training that ensured they had the knowledge required to undertake this task. A pharmacist. employed by the company that supplied all medication to the unit, attended the unit weekly to monitor and audit dispensing and safe administration.

Any visits with children took place off the unit in the community.

Track record on safety

The manager reported there had been no serious incidents recorded in the twelve months prior to our inspection.

Because of incident reporting there had been improvements in processes and environment. This included training and supervision for staff.

Reporting incidents and learning from when things go wrong

Staff knew what to report and how to report it. They stated that they felt confident they knew how to report incidents and would feel comfortable making a report.

We did not see any examples of duty of candour during our inspection. There had been no incidents when this would have been required. Staff stated they would be honest and open in explaining to patients when something had gone wrong if that was what was required.

Staff received feedback because of investigations. The manager did this through team meetings and supervision and as the team was small this could be done daily if necessary. Staff also received updates and feedback from the organisation electronically.

A psychologist from the organisation would lead debriefs for both patients and staff after a serious incident.

Long stay or rehabilitation mental health wards for working age adults

Good

Are long stay or rehabilitation mental health wards for working-age adults effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

We checked three sets of care records. All contained comprehensive assessments of patients care. They started at the point of admission and were updated regularly.

Staff had undertaken physical examinations for all patients and where appropriate continuing physical health monitoring plans were in place.

Care plans were individualised, and person centred. Staff had developed them in consultation with the patient and they were recovery orientated.

Mayfield House used a fully computerised system for storing care records and staff had their own log in detail for using this.

Best practice in treatment and care

We examined three sets of care records and medication cards for all patients. We did not find any errors.

Staff followed guidance laid out by the National Institute for Health and Care Excellence (NICE) when administering prescribed medication. The Priory Group ensured health care assistants were trained to administer medication. This was overseen and audited regularly by a qualified nurse and pharmacist.

Patients had regular access to a psychologist who offered several psychological therapies including cognitive behavioural therapy (CBT). This was in line with National Institute for Health and Care Excellence guidance.

Patients had access to physical healthcare, including specialists, through their GP practice. There was evidence in patient's records that this was considered in all cases. Patients who had specific health issues were supported to access specialist care and treatment.

Patients managed their own nutritional requirements in line with the independent nature of care at the unit. This was monitored by staff to ensure that patients ate a balanced diet.

Staff used recognised rating scales such as the recovery star to assess severity and outcomes for patients.

Managers expected all staff to be involved in clinical audits.

Skilled staff to deliver care

Patients had access to a full range of mental health disciplines including psychology, psychiatry and occupational therapy.

Staff working at Mayfield House were experienced and qualified to undertake their role. Healthcare assistants had completed specialist training in phlebotomy and administration of medications, which enabled them to undertake specialist roles.

All staff had received an appropriate induction and had undertaken the care certificate or an appropriate equivalent.

Staff supervision and appraisal rates were above organisational targets with supervision rates at 100% and appraisal rates at 100%.

Any staff performance issues had been dealt with in line with organisational policy.

Multi-disciplinary and inter-agency team work

Staff attended multi-disciplinary meetings weekly. These included a range of staff and, if appropriate, staff and carers from outside of the organisation.

Staff held handovers at the start of each shift so that relevant patient information could be discussed.

Staff had developed close working links developed with other units in the organisation. This was enhanced by the fact that the unit manager at Mayfield House was also responsible for other units in the organisation.

We saw examples of partnership working with teams outside of the organisation.

Adherence to the MHA and the MHA Code of Practice

All staff were up to date with training in the Mental Health Act.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff we spoke to had a good knowledge of the Mental Health Act, the code of practice and its guiding principles.

One patient at Mayfield House was subject to restrictions relating to the Mental Health Act. For this patient consent to treatment forms (T2) were attached to medication charts. Paperwork showed that capacity of the patient had been considered.

Staff supported patients to understand their rights under the Mental Health Act.

The Priory Group provided administrative support relating to the Mental Health Act to staff at Mayfield House. They completed regular audits of the paperwork to ensure compliance.

Patients had access to independent mental health advocacy services. This was provided by an external organisation who used the same member of staff for all visits to ensure consistency.

Good practice in applying the MCA

All staff were up to date with training in the Mental Capacity Act

The unit had made no Deprivation of Liberty Safeguards applications in the six months prior to our inspection.

Staff we spoke to had good knowledge of the Mental Capacity Act and its five statutory principles.

The Priory Group provided a policy relating to the Mental Capacity Act. Staff could access this electronically.

Staff had considered the issue of capacity for all patients.

Staff we spoke to understood the Mental Capacity Act definition of restraint.

The manager provided advice or guidance regarding the Mental Capacity Act and Deprivation of Liberty Safeguards and wider support was available through the Priory Group.

No Deprivation of Liberty Safeguards applications were in place at the time of our inspection.

Are long stay or rehabilitation mental health wards for working-age adults caring?

Good

Kindness, dignity, respect and support

We observed staff working with patients throughout the inspection. Staff treated patients with dignity and respect. They were responsive to patients needs and had developed knowledge of individual patients.

We spoke to four patients who were all positive about the staff and the care they received. They stated they felt staff treated them well and were professional and approachable.

Staff spoke in detail about the individual needs of the patients. They knew the history of each patient and how this affected their care and support. They spoke in detail about the most positive ways of engaging patients including likes, dislikes and activities that each patient enjoyed.

The involvement of people in the care they receive

Staff orientated new patients to the unit following the Mayfield House admissions process. This included identifying staff members who were best positioned to offer support. Patients could visit prior to admission to become familiar with the unit.

All patients had been involved in their care planning and risk assessments. Staff promoted and encouraged independence for patients at all times.

Patients could access advocacy, as they needed it. The advocate was provided by an independent service and visited weekly or at the request of patients.

Carers and family members had been involved in care planning and discharge planning meetings when appropriate and with consent from the patient.

Patients were able to give feedback about the service on an individual basis or at patient meetings.

We did not find any evidence of patient involvement in service development.

Patients did have advanced decisions in place. These related to managing deterioration in mental health.

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Long stay or rehabilitation mental health wards for working age adults

Good

Are long stay or rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

Good

Access and discharge

Mayfield House had an average bed occupancy of 100% during the six months prior to the inspection. All patients had been referred from other hospitals within the Priory Group.

As Mayfield House was a privately-run unit it did not have a catchment area. This meant there were no out of area placements. The beds were individually commissioned.

Staff did not reallocate beds until a patient was discharged which meant that patients always had access to a bed upon return from leave

Discharges only took place between the hours of nine and five Monday to Friday or at a time to suit the patient.

The facilities promote recovery, comfort, dignity and confidentiality

Mayfield House had a small number of rooms available for activities including a lounge however, most activities took place off site in the community to promote independence.

Patients could meet visitors at the unit, but staff encouraged them to use the community as part of their recovery.

Patients had access to their own mobile phones and there were no restrictions placed upon them. This meant that patients could use their phones in the privacy of their own bedrooms. If someone did not own a mobile phone they would have been able to access the phone in the office which was cordless so could be used in the privacy of their own bedroom.

Patients could access a well-tended garden with seating area whenever they wanted.

Patients had access to hot drinks and snacks 24/7 and had the use of a kitchen and catered for themselves at meal times with support from staff if required.

Patients could personalise their bedrooms and we saw that they had done this.

Patients could lock their own bedroom doors and could store small valuable items in a safe in the nursing office if required.

Meeting the needs of all people who use the service

Mayfield House had made adjustments for people requiring disabled access.

Information leaflets we saw were printed in English however staff stated that they could be made available in other languages if required.

The unit had a number of noticeboards with information related to local services, patients' rights, complaint procedures and treatment options.

The Priory Group had a contract with an agency that could provide interpreters. This included signers.

Patients catered for themselves. There were no restrictions on what food they could prepare, Staff supported patients to think about healthy eating.

Patients could access spiritual support, if required, in the local community.

Listening to and learning from concerns and complaints

There had been no complaints made in the 12 months prior to our inspection.

Patients informed us that they knew how to make a complaint and would feel comfortable to do so if they needed to. They felt they would speak to staff or the manager if they needed to raise any issues.

Staff knew how to support patients with complaints. The information they gave us was in line with organisational policy.

Patients had access to independent advocacy services

Long stay or rehabilitation mental health wards for working age adults

Good

Are long stay or rehabilitation mental health wards for working-age adults well-led?

Good

Vision and values

Staff were aware of the organisation's visions and values, which included striving for excellence and acting with integrity, and agreed with them.

Managers ensured team objectives were in line with the organisation's visions and values.

Staff knew who their most senior managers were and stated that they had visited the unit regularly. Staff said they were approachable and open to ideas from staff and patients.

Good governance

Staff had received mandatory training. This was at 100% compliance at the time of the inspection.

Staff received regular supervision and an annual appraisal. Appraisal rates at the time of our inspection were 100% and supervision rates were 100%. This was above the organisation's targets.

We reviewed several rotas and found that all shifts were covered by the correct amount of staff of the correct grades and experience.

Staff participated in clinical audits. The staff group was small so staff were involved in a number of audits and quality monitoring processes.

Mayfield House followed correct policies and procedures for incident reporting, safeguarding, Mental Health Act and Mental Capacity Act procedures. We found no errors in recording.

Managers used key performance indicators to monitor quality and performance. These were presented in an accessible format that the staff understood. Information from audits were fed back to staff and had informed improvements.

The unit manager had enough authority and administrative support to undertake their role.

Leadership, morale and staff engagement

Mayfield House had a 5% sickness rate over the twelve months prior to our inspection.

Managers stated there had been no bullying or harassment cases in the 12 months prior to the inspection.

Staff we interviewed were aware of the whistle blowing process and would be confident to use it if the needed to.

Staff stated that they felt able to raise concerns without fear of victimisation and would feel confident that managers would listen to them.

All staff we spoke to stated that they felt proud of the work they do and that they were satisfied and happy in their role.

The Priory Group made sure staff had opportunities for leadership and personal development. Staff had undertaken training relevant to their role and they were encouraged to consider their personal development through the appraisal process.

Staff supported one another through the development of projects and service developments. They stated they worked well together and supported each other and we saw this in the way they interacted with each other during the inspection.

Staff understood the duty of candour and stated they would be honest and open in feeding back to patients if things went wrong.

Staff were able to give feedback through team meetings and one to ones and input into service development.

Commitment to quality improvement and innovation

We did not find any evidence of involvement in any national quality improvement programmes.

We did not find any examples of innovative working practice or involvement in research.