

Shefa Medical Practice

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall.

The key questions at this inspection 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 unannounced comprehensive inspection at Location name on 17th September 2018. The inspection was completed due to the practice not being inspected since the change in registration.

At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Feedback from patients was mainly positive reporting they felt listened to.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

- There were governance systems to ensure patients were treated safely and efficiently.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The nurses were well supported within the practice with the lead GP doing random supervision of clinics. The GP provided feedback on the sessions, positive or negative.
- The practice offered patients a range of ENT (ear, nose and throat) services by a trained doctor on site.
- Nurses and training doctors were well supported within the practice and had regular supervision sessions providing positive or negative feedback.

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

- The practice should ensure safeguarding information is recorded for all vulnerable patients.
- Improve the system for identifying carers and ensure it is recorded on patient's records.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Shefa Medical Practice

Shefa Medical Practice provides primary medical services to approximately 4,800 patients in the city centre of Leicester. The practice is located at St Peter's Health Centre, Sparkenhoe Street, Leicester.

The practice consists of two part time GP partners (one male and one female), one part time nurse practitioner, one part time practice nurse, two part time healthcare assistants, one part time pharmacist, one practice manager, one development manager supported by a team of receptionists and admin. The practice was a training practice and had a full time female doctor in the second year of her training.

Shefa Medical Practice was registered to provide the following regulated activities from the location: Treatment of disease, disorder or injury, Diagnostic and screening procedures, Family planning, Maternity and Midwifery services and Surgical procedures.

The practice was located within an area containing high levels of deprivation and had a large range of ethnicities within the locality.

The practice services are commissioned by Leicester City Clinical commissioning group (CCG). The practice has a General medical Services contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice was open between 8am and 6.30pm and offered appointments between 8.30am and 5.45pm. The practice offered extended hours on Mondays, Wednesdays and Thursdays where appointments were available until 8pm.

When the practice is closed patients are asked to contact NHS 111 for out-of-hours care. Patients would be able to access appointments via the Extended Primary Care Healthcare hubs which were open evenings, weekends and bank holidays.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff.
- On the day of inspection, we found that the locum GP's smart card would not allow them to see safeguarding alerts on the electronic system. The practice rectified this immediately.
- We asked to look at safeguarding records and found that there were occasions where the practice did not identify other family members could also be vulnerable.
- All staff at the practice received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff who acted as chaperones were trained for their role. There were chaperone posters and information in clinic rooms and the waiting area for patients to request a chaperone.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. The practice had an extensive induction checklist and locum pack including mandatory training and information on the practice.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice had changed electronic system to SystmOne which was preferred locally and enabled other agencies to see patients records if they were involved in the patients care.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- Antibiotic prescribing was in line with local and national averages. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- We asked to see monitoring of the cold chain and found that refrigerator monitoring was being completed daily however there was no place to record when stock had been brought in which could have affected the fridge recording. The practice had implemented a new signed monitoring sheet following the inspection and had assigned it to the lead nurse to complete.

Are services safe?

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice completed an investigation, learned and shared lessons and took action to improve safety in the practice. We saw evidence of new policies which had been put in place following incidents.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice offered in house ENT (Ear, nose and throat) services which were provided by a trained doctor. This meant that procedures such as micro suctioning, balance assessment and other procedures could be performed at the surgery for patients.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients were asked for every appointment if they wanted a text message reminder of prebooked appointments.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the practice worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

- People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was consistently above local and national averages with many being significantly higher than average.
- The practice had a recall system in place to ensure patients who required monitoring were called into the practice to have it completed in a timely manner.

Families, children and young people:

- Childhood immunisation uptake rates were slightly below the target percentage of 90% or above. The practice were aware of this and reported that families were still refusing the MMR vaccine following the link with autism. The practice nurses reported they are trying to converse with mothers and families better around this in their preferred language to increase uptake rates. The practice had a system in place to encourage parents to bring their children in for vaccines and would ring or write to patients who had not booked appointments.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for appointments which were missed at the surgery.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme, however this was above the CCG average for uptakes. The practice were aware of this and had a system in place to encourage patients to attend for screening. Women received written invitations to attend for cervical screening, and were then called by the practice if no appointment had been booked. Education was offered to patients in their preferred language.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice

Are services effective?

were aware of this and had a system in place to encourage patients to attend for screening. The practice was offering education to patients in their preferred language.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- GP's would give their personal mobile number out to families when a patient was nearing the end of their life, for constant support.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice had a system for registering and treating patients who had no fixed address, such as homeless patients or travellers, or patients who were at a local shelter.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice had developed a standard template to use for patients who were presenting with symptoms of depression or anxiety. The template recorded sleep patterns, any self-harm thoughts, symptoms and could refer to a range of mental health support services.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. The

practice used a standard tool to identify dementia diagnosis and offered the necessary tests in house to confirm diagnosis. When dementia was suspected there was an appropriate referral for diagnosis.

- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- QOF results were in line with local and national averages with some positive variation for diabetic patients and significant positive variation for asthmatic patients who received an asthmatic review.
- QOF exception reporting was lower than CCG and national average.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice 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 and supported if they identified any extra training they were interested in completing.

Are services effective?

- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, mentoring, clinical supervision and revalidation. The practice would monitor staff performance and support with extra training if required. All staff received annual appraisals.
- The nurses were well supported within the practice with the lead GP doing random supervision of clinics. The GP provided feedback on the sessions, positive or negative.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice had a low turnover of staff with many reporting they had worked there for many years.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for patients. They shared information with, and liaised, with community services, social services and other agencies for patients who required extra support.
- The practice used a care navigator service located in Leicester for patients who needed signposting to further support in the local area.
- Patients received coordinated and person-centred care. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice used a referral system within Leicester for referrals to social prescribing schemes for smoking cessation services and weight management.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- The practice had consent forms for recording patient consent which could be scanned onto the patients record. On the day of the inspection we saw evidence of some consent forms being attached to patient records without any signature from the patient or clinician.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

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.
- The practice had patients with a variety of first languages. The practice had access to a language line to book for appointments if required, but staff were multilingual and could converse with patients in different languages.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion with three results being above the local and national averages.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. They also had the support of a care navigator for the locality to refer patients onto for further support.
- The practice identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this. We saw evidence of the practice issuing patients with letters when they had behaved inappropriately towards staff.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account/did not take account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- The practice had introduced chronic disease management clinics to review patient's status regularly. For patients with complex conditions joint meetings were arranged with a multidimensional team.
- The practice completed prediabetic checks and gestational diabetes checks for expectant mothers.
- The practice liaised with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

- The practice completed annual medication reviews for patients with repeat prescriptions which were conducted by the GP or the practice pharmacist.

Families, children and young people:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice held two weekly vaccination clinics for children.
- 24-hour baby checks were offered to patients.
- The practice held regular contraception services for patients and had signed up to enhanced services to fit coils.
- The practice was located in the same building as a sexual health centre and could easily direct patients for any sexual health screening.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours three times a week.
- The practice offered online repeat prescription requests as well as online booking appointment system for patients who found it hard to contact the surgery during opening hours. Electronic prescriptions were also available to send to the chosen pharmacy when patients signed up to the scheme.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered support to people who were located nearby at a homeless shelter. These patients could register with the practice.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Mental health facilitator clinics were regularly held at the practice to support patients and signpost to support agencies. Patients were also able to access counselling sessions at the practice.

Are services responsive to people's needs?

- The practice worked with the community mental health team, crisis resolution team and psychiatrists for patients who required mental health support.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were consistently above local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care by implementing new systems and policies.
- Complaints were discussed within practice meetings and staff we spoke with were aware of the complaints which had happened.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

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.
- 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 practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and reported the team was like a family.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- Clinical staff were considered valued members of the practice team. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- All policies and procedures were available to staff on a computer system known as iPoint. Ipoint had been developed by the practice to easily locate documents by having categories and icons.

Managing risks, issues and performance

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

- The practice had processes to manage current and future performance.
- Practice leaders had oversight of safety alerts, incidents, and complaints. There was a clear meeting schedule to ensure all staff were involved in discussions of these.
- Actions and learning points were consistently recorded from complaints and significant events. New policies and processes were implemented following these.

Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice 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 practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient representation group who aimed to get feedback from patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.