

Visa Medicals Ltd

Inspection report

Bentinck Mansions 12-16
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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 to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (At the previous inspection in February 2019 the service was not rated).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Visa Medicals Ltd as part of our inspection programme, to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service was previously inspected in February 2019, and we found it was providing care in accordance with the relevant regulations. At the time of inspecting this service in 2019, CQC did not have the statutory powers to rate the service.

The service manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service had comprehensive policies and systems to keep people safe. Policies and procedures were maintained in an organised way and easily accessible to staff.
- There were safe procedures for managing medical emergencies, including access to emergency medicines and equipment.
- The premises were clean and well maintained. There were systems in place to reduce the risk and spread of infection. However, the system to manage infection prevention and control (IPC) needed tightening. For example, there was no cleaning checklist which detailed all the cleaning tasks of areas within the service, at the frequency required.
- Records were written and managed in a way that keep people safe. Staff helped patients to be involved in decisions about their care and treatment.
- Patients were treated with kindness, respect and compassion. Feedback from patients was positive about the way staff treat people.
- The service had a complaint policy and procedures in place. We found that complaints were dealt with in a timely manner and with openness and transparency.
- The provider had quality improvement processes in place. We saw staff had completed audits to monitor quality and improve outcomes for patients.
- The service had a culture which centred on the needs and experience of people who use services.

Overall summary

- The processes for providing all staff at every level with the development they need, required improvement. Some staff had not received an annual appraisal in the last year. There was no formal system of appraisals which included a review of training needs for staff.

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

- Maintain a cleaning checklist.
- Carry out an annual appraisal for all staff.
- Train all non-clinical staff in sepsis-awareness.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

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

Background to Visa Medicals Ltd

Visa Medicals Ltd is an independent health service that occupies rooms on the first floor of Bentinck Mansions, a building managed by an independent estates contractor. Its opening hours are 9.00am to 4.30pm, Monday to Friday. Their website address is www.visamedicals.co.uk

The service is operated by Visa Medicals Ltd which is an independent healthcare company that mainly provides medicals for immigration purposes, for clients applying for visas to Canada, the United States and the UK. The service nurses assess clients' vaccination status for visa purposes.

The service has an X-ray Department which carries out screening chest X-rays for immigration purposes which falls within the scope of CQC regulation.

The service is led by three senior panel physicians and a senior panel radiographer who leads a team of three radiographers. There are three practice nurses, a practice manager and a team of administrative staff.

Visa Medicals Ltd are registered with the Care Quality Commission (CQC) to provide:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

How we inspected this service

The inspection was completed by a CQC Lead Inspector and a GP specialist advisor who spoke with staff and completed records reviews at the location.

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

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

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

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The building management carried out formal safety risk assessments in relation to fire and health and safety. The provider could demonstrate they effectively monitored and reviewed this activity. For example, we reviewed the fire risk assessment and saw that the provider had checked that priority actions were completed.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. All staff who acted as chaperones were trained for the role and had received a DBS check. Chaperones were offered to all visa applicants and a chaperone form had to be completed and signed by both the applicant and the doctor.
- The service had Infection Control and Prevention measures to help ensure the environment was as safe as possible for both patients and staff. However, the system to manage infection prevention and control (IPC) was not always effective. For example, there was no cleaning checklist which detailed cleaning tasks of areas within the service, at the frequency required to control the risks of infection.
- The service had a lead for infection prevention and control (IPC). The IPC lead had completed an audit to prevent and control the spread of infections. Actions to prevent the risk of the spread of infections and dates for completion had been identified. We saw evidence of Legionella and water temperature management. Consulting rooms were risk assessed and procedures such as phlebotomy were performed in a specific clinical room that conformed to infection prevention and control standards.
- There was a cleaning and maintenance schedule for the negative pressure room used for sputum collection, during tuberculosis screening. Staff followed United States Centers for Disease Control and Prevention (CDC) guidelines for preventing the transmission of tuberculosis in healthcare settings.
- The rooms used by the service looked visibly clean. Cleaning tasks were carried out by a contractor. However, there was no cleaning checklist which detailed all the cleaning tasks of areas within the service, at the frequency required. Immediately following our inspection, the service manager sent us a copy of a cleaning checklist obtained from the contractor, which specified cleaning tasks and required frequency, for the areas of the service.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw evidence of medical equipment testing including defibrillators and blood pressure and ECG monitors. There were systems for safely managing healthcare waste.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Are services safe?

Risks to patients

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

- There was a fire safety policy and a visible fire procedure in the areas of the premises used by patients. Fire extinguishers were checked annually. The provider told us that the building manager was responsible for carrying out annual fire evacuation drills and we were given evidence that that a drill had occurred within the last 12 months.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had completed mandatory training in basic life support and the service required all staff to complete an online training module in first aid awareness. Clinical staff knew how to identify and manage patients with severe infections, for example sepsis. Most of the non-clinical staff had undertaken online training in sepsis awareness. However, one member of non-clinical staff we spoke with told us they had not undertaken any sepsis awareness training.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. We looked at five records on the service's electronic patient record system which were of an acceptable standard and conformed to GMC guidelines. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The service had a policy for sharing information across services or external agencies to support appropriate communication between staff and other services.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had a system for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Are services safe?

- There were effective protocols for verifying the identity of patients including children. Staff checked and verified a patient's identity prior to treatment. There were checks in place to assure that an adult accompanying a child had parental authority.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. The service had recorded three serious incidents in the last twelve months and we saw that actions were agreed and recorded. Lessons learned were discussed in team meetings and minuted.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The service had a Duty of Candour policy which was easily accessible for staff. Staff we spoke to understood when Duty of Candour applies, if a patient is affected by an incident. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents .
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. The clinic manager received alerts directly by email or through the post and would act where necessary. We saw evidence of recording of actions following safety alerts received.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Doctors who conducted immigration medical screening, followed the technical instructions provided by the respective countries, as guidance for conducting immigration medicals. This included following Tuberculosis technical instructions.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Although there was limited scope to carry out clinical audits, we saw staff had completed audits to monitor quality and improve outcomes for patients. For example, staff shared a copy of a tuberculosis screening sputum collection audit to check compliance with the US Centers for Disease Control and Prevention (CDC) standards for timing of sputum collection (for example, within two weeks of notification). A complete screening medical examination for tuberculosis disease consists of a medical history, physical examination, chest x-ray when required, and sputum smears and culture testing. People also have a tuberculosis (TB) blood test, also called an Interferon Gamma Release Assay or IGRA which is a way to find out if you have TB bacteria in your body.
- The service carried out monthly patient records audit which included checking whether a clear patient history was recorded and a review of whether the treatment carried out was appropriate and was there appropriate follow up for treatments given.

Effective staffing

In the main, staff had the skills, knowledge and experience to carry out their roles. However, the arrangements for supporting and managing staff to deliver effective care and treatment, required improvement.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. There was also role specific induction training which ensured staff were competent for the role to which they had been appointed.

Are services effective?

- Managers supported staff to fulfil the requirements of registration, including the necessary continuing professional development and revalidation. Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation. (Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up-to-date and fit to practise in their chosen field and able to provide a good level of care).
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Managers reviewed all essential training monthly to ensure staff remained up to date with mandatory training. Staff had access to and made use of e-learning training modules, in-house training and external training. Staff were encouraged and given opportunities to develop.
- Staff had not received regular appraisal of their performance in their role from an appropriately skilled and experienced person. It was not clear how the learning needs of staff were identified because there was no effective system of appraisals. For example, one clinical member of staff and four non-clinical members of staff told us they had not had an appraisal in the last 12 months. When we checked staff files, we could not find any record of a formal appraisal for these five members of staff. We discussed this with the service manager who told us they were aware that some staff had not received an appraisal. When we raised this with managers, they told us that the service manager had held regular one to one meetings with the non-clinical staff they managed. We saw some notes from these meetings, where objectives were discussed.
- We saw evidence that doctors' and radiologists' appraisals were up to date and all had been revalidated by the General Medical Council (GMC).
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, NHS Health Services.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment. Any abnormalities found during a visa medical were referred back to the applicant's GP for further investigation and management.
- All Chest X-rays were reported by the radiologist and any abnormalities were referred to a doctor for further review. The service had a protocol to inform visa applicants of any significant findings and a letter was sent to inform their GP of the X-ray report.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Patients were asked on the consent form for permission to release information about their treatment to their GP.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Are services effective?

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, visa applicants prescribed medicines for the treatment of sexually transmitted infection (STI), received counselling on the diagnosis, treatment and possible side-effects before any medicine was prescribed. Visa applicants would also be referred to their local specialist genitourinary (GU) services for treatment.
- There was a leaflet about the risks of chest X-rays in pregnancy. Pregnant visa applicants were required to provide written consent prior to having their chest X-ray.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. All visa applicants were required to sign a consent form before having their medical examination. Applicants were made aware that their medical information would be shared with the respective immigration authorities and they provided written consent for this by signing a medical examination consent form.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. The service had a consent policy and procedure in place, which covered gaining consent face to face or remotely when providing treatment to adults and young people. Best practice was followed in line with guidelines from the GMC. This meant that people were involved in the decision making and consent process, prior to receiving treatment and procedures.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on customer satisfaction received.
- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for visa applicants who did not have English as a first language. We saw notices in the reception areas, informing applicants that this service was available. Staff told us applicants were responsible for providing their own official interpreters. They were informed of this at the time of booking their appointment and where needed they were provided with contact details for local translation services. Patients were also told about multi-lingual staff who might be able to support them.
- Information about payment and prices of visa medicals was sent to patients when their appointment was booked, along with a list of required documents for each person having a medical examination.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand. There was a hearing induction loop.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the service used a spreadsheet to record patient scores and comments from which the service could look for any themes in patient feedback.
- The facilities and premises were appropriate for the services delivered. The service's website contained a range of patient information relating to treatments and answers to general questions.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service's registration process identified any potential access needs of a new patient.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, where patients were referred to other services, referrals would always be followed up by phone within days.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- Staff shared examples of responses made to complaints they had received. Team meetings were used to inform staff of incidents and to discuss complaints and ensure lessons were learnt.

Are services well-led?

We rated well-led as Good because:

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

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The service had a set of core values which were available to read on their website.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The service had a culture which centred on the needs and experience of people who use services. Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- At this inspection, there was a lack of formal processes for providing all staff with the development they needed. There was no structure of formal appraisal and insufficient records kept. Some staff had not received an appraisal in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

Governance arrangements

There were clear responsibilities, roles and systems of accountability, however leaders lacked oversight of the processes for providing all staff at every level with the development they needed. Some staff had not received an annual appraisal in the last year.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service had an appraisal policy, however, leaders had not followed the appraisal policy. For example, the appraisal policy stated that staff should have an appraisal annually but we found some staff had not received an appraisal in the last year. The processes for providing all staff with the development they needed required improvement.

Managing risks, issues and performance

There were clear processes for managing risks, issues and performance, however, these were not always effective.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. In the main, leaders had established policies, procedures and activities to ensure safety and had assured themselves that they were operating as intended.
- The service audited infection prevention and control risks. However, systems to manage infection prevention and control needed tightening. For example there was no cleaning checklist which detailed all the cleaning tasks at the frequency required. Immediately following our inspection, the service implemented a cleaning checklist which they obtained from the cleaning contractor.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Completed audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.

Are services well-led?

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. There was a set of comprehensive policies to improve monitoring and management of risk.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.