

The Medical Cannabis Clinic

Inspection report

10 Harley Street
London
W1G 9PF
Tel: 02039282813

Date of inspection visit: 28 & 29 September & 7
October 2022
Date of publication: 09/11/2022

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. (Previous inspection March 2022 – Requires improvement)

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 this announced focused inspection of The Medical Cannabis Clinic under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and to follow up on breaches of regulation we identified in a compliance review in March 2022 and to follow up on information of concern that we had received. At the last inspection carried out in March 2022 we found they were not operating effective systems and processes to ensure good governance in accordance with the fundamental standards of care, in particular:

- Individual care records did not always indicate what the patient was being treated for.
- There were no details of discussion in Multi Disciplinary Team (MDT) meetings to demonstrate robustness of decision making.
- The provider did not have effective processes in place to assess the competencies of all staff they employed in order to plan appropriate training and development.
- We were not assured that the systems for reporting and following up on incidents were operating effectively.
- The policies relating to medicines and prescribing of cannabis based medicinal products did not cover important operational aspects of the service and were not always followed.

At this inspection on 28 & 29 September and 7 October 2022 we carried out a full comprehensive inspection and found significant improvements had been made.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations

The Medical Cannabis Clinic provides medical treatment for patients focused around the use of Cannabis Based Products for Medicinal Use (CBPMs) by experienced medical staff working within the government guidelines.

Overall summary

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

We did not speak directly with patients during the inspection.

Our key findings were:

- Significant improvements had been to the service which included recruitment of appropriately skilled staff and implementation of key systems and processes to ensure effective monitoring of care and treatment.
- The provider had systems in place to protect people from avoidable harm and abuse.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was a clear vision to provide a safe, personalised, high quality service.
- All staff we spoke to felt valued by the leaders and said there was a high level of staff support and engagement.
- The systems for reporting and following up on incidents were operating effectively.
- The policies relating to medicines and prescribing of cannabis based medicinal products covered important operational aspects of the service and were followed by all clinicians.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The service had a business development strategy that effectively monitored the service provided to assure safety and patient satisfaction.

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

- Review all active patient records to ensure they contain a copy of relevant identification.
- Implement a process to record and identify clinical outcomes for patients.
- Continue to review information available for patients in relation to medicine delays.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC specialist adviser, a second inspector and two members of the CQC medicines team.

Background to The Medical Cannabis Clinic

The MC Clinic Ltd provides medical treatment for patients focused around the use of cannabis-based products for medicinal use (CBPMs) by experienced medical staff. The service is located at 10 Harley Street, London, W1G 9PF. The building entrance lobby is accessed via steps from the pavement. Wheelchair access is via a ramp at the front of the building. The service has access to two consultation rooms and a waiting area for patients. However, at the time our inspection most consultations were taking place online due to Covid-19.

The opening hours are 9am to 6pm with patients' appointments between 9.30am and 5pm. Patients can also book appointments for evenings and weekends. The medical team comprises of nine consultants who specialise in Psychiatry, Pain and Neurology. There is also a managing director, operations manager, clinic nurse advisor and nine patient services coordinators.

The service treats a range of conditions including pain, psychiatric conditions, neurological conditions, gastroenterological, cancer and palliative care.

How we inspected this service

We spoke with the managing director, clinical director, registered manager, one of the consultants, administration manager and administrative staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback.

To get to the heart of patients' experiences of care and treatment, we asked the following three questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

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

Are services safe?

At the inspection carried out in March 2022 we rated Safe as Requires improvement because we found the service did not have clear systems to keep people safe, in particular:

- The provider was unable to evidence that all consulting doctors had satisfactorily completed an induction.
- Individual care records did not always indicate what the patient was being treated for.
- We noted prescriptions from another service had been used on occasions to obtain medicines from their pharmacy.
- We found records where Cannabis Based Products for Medicinal Use (CBPMs) had been prescribed for longer than the Department of Health guidance which states that certain controlled drugs, such as CBPMs, should not normally be prescribed for more than 30 days.
- Where a prescribing error had occurred, this was not reported as an incident.

At this inspection we found significant improvements had been made and all the concerns above had been addressed. The service is therefore rated as Good for providing a **Safe** service.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- At the time of our inspection the provider was not treating children.
- 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. The Registered manager was the safeguarding lead and was trained to level 4 and all other staff were trained to level 3. They knew how to identify and report concerns.
- The landlord for the building had an effective system to manage infection prevention and control, which had been updated to reflect the changes needed following Covid-19. The landlords had carried out Legionella testing and were following the identified actions.
- 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.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.

Are services safe?

- At the inspection carried out in March 2022 we found the provider was unable to evidence that all consulting doctors had satisfactorily completed an induction. However, at this inspection we found there was an effective induction system for all staff tailored to their role. Consulting doctors had to complete identified training modules prior to carrying out patient consultations.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- 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.

Information to deliver safe care and treatment

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

- At the inspection carried out in March 2022 we found Individual care records did not always indicate what the patient was being treated for. At this inspection we found 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.
- 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 system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- At the last inspection we found records where Cannabis Based Products for Medicinal Use (CBPMs) had been prescribed for longer than the Department of Health guidance which states that certain controlled drugs, such as CBPMs, should not normally be prescribed for more than 30 days. At this inspection we noted the service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Where the provider prescribed outside the guideline there was a clear rationale for this recorded in the patients notes.
- The service only prescribed cannabis-based products for medicinal use (CBPMs) which is a Schedule 2 controlled drug (medicines that have the highest level of control due to their risk of misuse and dependence). Clinicians prescribed cannabis-based medicines to patients and gave advice on how to administer them in line with legal requirements.
- Cannabis based medicines are unlicensed medicines. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. Therefore, they must be prescribed and supplied in line with the Medicines and Healthcare products Regulatory Agency (MHRA) guidance for the prescribing and supply of unlicensed medicines. Additional written information to guide the patient when and how to use these medicines safely was supplied with the medicine.
- They had effective protocols for verifying the identity of patients.

Track record on safety and incidents

Are services safe?

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.

- At our last inspection we found where a prescribing error had occurred, this was not reported as an incident. However, at this inspection we saw the system for recording and acting on significant events had been reviewed and 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 with all staff, 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 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.

Are services effective?

At the inspection carried out in March 2022 we rated Effective as Requires improvement because we found the service did not have clear systems to deliver Effective care, in particular:

- Consent for communicating with GPs was missing on occasions and no summary care records for others.
- There were no details of discussion in MDT meetings to demonstrate robustness of decision making.
- Outcomes sometimes were not documented in enough detail.
- We found in cases where ‘unmet clinical need’ was not confirmed in the consultation records
- There was no formal process in place for recruiting, inducting and monitoring doctors

At this inspection we found significant improvements had been made and all the concerns above had been addressed. The service is therefore rated as Good for providing **Effective** care.

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)

- Cannabis-based products for medicinal use (CBPMs) are Schedule 2 controlled drugs under the Misuse of Drugs Regulations 2001. They can be prescribed by, or under the direction of, a doctor who is on the specialist register of the General Medical Council to treat patients with a specific unmet clinical. We were told that before patients were prescribed a CBPM, the provider would have to be satisfied that they had an ‘unmet clinical need and that patients would have to have tried at least two different treatments for their condition prior to being accepted by the clinic. At the inspection carried out in March 2022, we found cases where ‘unmet clinical need’ was not confirmed in the consultation records. At this inspection we found the service had made improvements since the last inspection, and that these details were available for all patients that we reviewed.
- Patients’ immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. We noted that all patient records that we reviewed contained clear information about the care and treatment provided including the rationale.
- At the last inspection carried out in March 2022 we found consent for communicating with a patient’s GP was missing on occasion and in some cases there was no summary care records on the system. At this inspection the patient records we reviewed, detailed notes had been completed when clinicians initiated and followed up treatment and consent had been recorded appropriately for all patients that we reviewed.
- The appropriate functioning of a multidisciplinary team (MDT) is of central importance for cannabis clinics to ensure safe and effective care for patients. At the last inspection in March 2022 we found there were no details of discussion in MDT meetings to demonstrate robustness of decision making. However, at this inspection we saw significant improvements since the last inspection, and that all patients had been reviewed by clinicians of the relevant speciality before prescribing had been initiated.
- The provider had a nurse aftercare support service where nurses would contact patients on a weekly basis to discuss wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients had to attend follow up consultations to obtain repeat prescriptions

Monitoring care and treatment

The service was involved in some quality improvement activity.

Are services effective?

- The service used information about care and treatment to make improvements. Audits covering prescription writing, treatment notes and peer review were in place, and included action plans where relevant.
- Since our last inspection in March 2022 the provider had recruited a new clinical lead and they were in the process of developing a system for carrying out clinical audits.

Effective staffing

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

- At our last inspection in March 2022, we found there was no formal process in place for recruiting, inducting and developing doctors. Further, there was no evidence to show the provider had assessed and understood the learning needs of their clinicians at the time of recruitment and there was no probationary period for clinicians. At this inspection we found the new clinical lead had reviewed and updated the recruitment process for clinicians and a competency framework had been introduced for all staff. Clinicians were required to provide copies of training certificates to confirm they were up to date with the training.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council and were up to date with revalidation

Coordinating patient care and information sharing

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

- Before providing treatment, doctors at the service tried to ensure they had adequate knowledge of the patient's health, any relevant test results and their medication history.
- 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 received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, patients' NHS GPs.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, mental health services.
- The service monitored the process for seeking consent appropriately.

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 patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their usual care provider for additional support. For example, patients and their GPs (where appropriate) were made aware of the dangers of not using the CBPMs in the manner prescribed and the legal consequences.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Are services effective?

Consent to care and treatment

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

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

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 the quality of clinical care patients received. Patients were encouraged to provide feedback directly to the clinic and through social media platforms. We noted most patients felt listened to and supported by staff. 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. All staff had completed Equality and Diversity training.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped/did not help patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patient feedback implied they had sufficient time during consultations to make an informed decision about the treatment options available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Are services responsive to people's needs?

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. Since our last inspection the provider had reviewed their clinical team and had recruited more clinicians in response to identifying the need to provide more clinical support for patients.
- The facilities and premises were appropriate for the services delivered. Although, consultations took place mainly online at the time of our inspection.

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. The provider had reviewed and improved the information available for patients in relation to potential delays to receiving medicines. We noted there had been some reduction in relation to delays, however there were still some more improvements to be made.
- 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 the provider had identified another service that was more suitable for patients.

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.

- The provider had reviewed their complaints monitoring procedure following our last inspection in March 2022 due to the rise in their patient population which also increased the number of complaints they received. They had recruited a resolutions officer to ensure all complaints were addressed in line with the complaints policy. They had also introduced resolutions training for all staff.
- 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. For example, they had reviewed the information given to patients about choice of pharmacy.

Are services well-led?

At the inspection carried out in March 2022 we rated Well-led as Inadequate because we found the service did not have clear, effective governance systems and processes in place, in particular:

- We were not assured that the systems for reporting and following up on incidents were operating effectively.
- We found records where no ID had been uploaded to patients' records in line with good guidance this was not picked up by their patient records audits.
- The policies relating to medicines and prescribing of cannabis based medicinal products (CBPMs) did not cover important operational aspects of the service.
- The provider was not following their prescribing policy.
- We found there was a lack of transparency with patients as regards pharmacy choice.
- Clinical outcomes audits did not contain sufficient details about patient outcomes to provide an adequate evaluation of the treatments prescribed.
- 'Unmet clinical need' was not always confirmed in the consultation records in line with the clinic's policy.

At this inspection we found significant improvements had been made and all the concerns above had been addressed. The service is therefore rated as Good for providing a Well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Since our last inspection in March 2022 the provider had made some changes to their senior management team. At this inspection we found 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, they had implemented a competency framework for all staff levels and identified the appropriate skills needed for management positions.

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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- 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.

Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. At the inspection carried out in March 2022 we found there was a lack of transparency with patients as regards pharmacy choice. At this inspection we saw information provided to patients had been updated both in patients leaflets and, on their website, to ensure patients were aware they could take their prescriptions to any pharmacy of their choice.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with confirmed that improvements had been made since our last inspection. They told us they could 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. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional development and evaluation of their 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.

Governance arrangements

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

- At the last inspection we found records where no patient identification had been uploaded to patients' records in line with good guidance this had not been picked up by their patient records audits. At this inspection we found this had improved, however the provider was in the process of undertaking a review to ensure that all active patient records contained a copy of relevant identification.
- 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.
- At the last inspection in March 2022 we found the policies relating to medicines and prescribing of cannabis based medicinal products (CBPMs) did not cover important operational aspects of the service and the provider was not following their prescribing policy. However, at this inspection we found leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service 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 service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

- 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.
- The provider had some quality improvement processes in place and there was clear evidence of action to change services to improve quality. They were in the process of devising a clinical audit strategy to improve the quality of care and outcomes for patients.
- 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. Following our last inspection in March 2022 the provider had recruited a Director of patient services who had introduced a new customer service management system. 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.

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. For example, they were in the process of establishing a patient board to provide direct patients involvement in regard to service development.
- There were systems to support improvement and innovation work. The provider had recruited a GP who provide additional support to patients by way of a shared care arrangement.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Clinicians were expected to complete a CPD accredited course and all staff development needs were monitored through the competency framework.
- The service 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.