

# Blackberry Orthopaedic Clinic - Havant

## 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 service is rated as Good overall.** This was the first time we had inspected or rated this service. (The previous inspection in February 2014 was unrated; we found it met the five standards we inspected).

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 Blackberry Orthopaedic Clinic - Havant on 10 March 2020 as part of our inspection programme.

This service provides musculoskeletal services to diagnose and treat conditions including back pain, sports injuries and general pain management to private patients. It offers treatments for pain using ultrasound and fluoroscopic X-ray. The service also provides health assessments and health screening under contract to a different company.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of services and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For this inspection we inspected the health screening service as well as clinical consultations, examinations and treatments in general medicine for example musculoskeletal and sports medicine.

Where the clinic provides services to patients under arrangements made by their employer or insurance provider, with whom the patient holds an insurance policy (other than a standard health insurance policy), these services are exempt by law from CQC regulation. Therefore, we only inspect the services which are not arranged for patients by their employer or insurance provider.

Blackberry Orthopaedic Clinic - Havant is registered with the CQC under the Health and Social Care Act 2008 to provide the regulated activities to adults and children:

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

The clinic 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.

We asked for CQC comment cards to be completed by patients in advance of the inspection. We received six completed comment cards, which were all positive about the standard of care received. Patients felt that the care and treatment they received was professional, reassuring and caring. They commented on the friendliness and skills of staff.

## Our key findings were:

- Staff had the skills, knowledge and experience to deliver safe and effective care and treatment. There was a rigorous approach to carrying out doctor's appraisals.
- Patients received care and treatment which met their needs and they were provided with clear information about procedures, options, possible side effects and after care.
- There was a system in place for reporting and recording incidents.
- The provider's policies and procedures promoted a safe and effective service. The service carried out audits to assess the implementation of policies and procedures and make improvements where necessary.
- There were infection prevention and control policies and procedures in place to reduce the risk and spread of infection.
- Patient feedback was used to monitor outcomes and performance.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service had increased medical staffing to improve patient access to services.
- There was a clear leadership structure within the service and the team worked together in a cohesive, supportive and open manner.
- There was an effective governance framework across the service.
- Staff were proud to work in the service and worked well as a team.
- The culture of the service encouraged candour, openness and honesty.

# Overall summary

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a shadowing CQC inspector.

## Background to Blackberry Orthopaedic Clinic - Havant

We carried out an announced comprehensive inspection of Blackberry Orthopaedic Clinic - Havant on 10 March 2020. Blackberry Orthopaedic Clinic - Havant is an independent provider of health assessments, screening activities and specialised diagnosis and treatment of musculoskeletal conditions. Services are paid for privately or through insurance.

The Registered Provider is Blackberry Clinic Limited, which has nine clinics located in England and one in Scotland.

Blackberry Orthopaedic Clinic - Havant is located at Block 100, 3rd Floor, Langstone Gate, Solent Road, Havant, Hampshire, PO9 1TR. The service is open from 8am to 4pm Monday to Friday.

The service is run from a leased suite of rooms within this shared, serviced office block, located close to the M27 in Havant. There is a shared car park and within the building there is a lift to all floors. The service consists of a reception and waiting room, which leads to a treatment room, two consultation rooms and a room used by a different healthcare provider. People using this floor's office space can access shared toilets near the lift.

### How we inspected this service

Before the inspection we reviewed a range of information that we hold about the service and reviewed information received from the provider.

During our visit we:

- Spoke with a range of staff from the service, including the registered manager who is the clinic manager, the lead musculoskeletal consultant, one doctor involved in the delivery of health assessments, a health advisor and the provider's quality and compliance manager.
- Reviewed CQC comment cards and written feedback from patients, where patients shared their views and experiences of the service.
- Reviewed documents the practice used to carry out services, including policies, procedures, minutes of meetings, checks and audits.

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?

## Safety systems and processes

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

- The service followed safety policies and the provider had conducted safety risk assessments. The policies had been reviewed and communicated to staff and outlined who to go to for further guidance. Staff received safety information from the service as part of refresher training.
- The provider carried out staff checks at the time of recruitment. All staff had had Disclosure and Barring Service (DBS) checks and the provider required these to be repeated every three years. (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).
- The service had systems to safeguard children and vulnerable adults from abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff had access to the provider's adult and children safeguarding policies, local guidance and local contact details.
- All staff received up-to-date adult and child safeguarding training and other safety training appropriate to their role, including training in the use of X-ray equipment. They knew how to identify and report concerns. The registered manager, regional manager and doctors had completed level 3 safeguarding training for both adults and children. Other staff, the health advisors, had completed adult and children safeguarding training to level 2. This was in line with the provider's policies. The provider's appointed lead for safeguarding was trained to level 4 and based in the head office. Staff confirmed that although they were registered to treat children, they saw only adult patients at this clinic. Patient identification was checked.
- The registered manager was trained to act as a chaperone. There was information available in reception advising patients they were welcome to ask for a chaperone.
- There was an effective system to manage infection prevention and control. The provider's infection control policy outlined the methods for infection control, cleaning procedures and the quarterly audit frequency. For example, there were monthly hand hygiene audits and an external contractor steam-cleaned carpets twice a year. There had been a detailed infection prevention and control audit in November 2019. Where there had been items to address these had been completed.
- There had been a risk assessment and test certificate for Legionella completed in July 2019. The service carried out weekly water tests to minimise risks associated with water-borne Legionella bacteria. Legionella is a bacterium which can contaminate water systems in buildings.
- There were systems for safely managing healthcare waste and a waste disposal audit in January 2020 indicated no actions were required. We observed the bins used for the disposal of sharp items were safely assembled and not over-filled.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were records showing the servicing of the ultrasound and fluoroscope equipment. An ultrasound machine uses sound waves to create an image of the inside of the body. A fluoroscope is a type of X-ray that creates a continuous, moving image, for example of joints in motion. Portable appliance testing had been completed in July 2019.
- There were up to date protocols for the safe use of the fluoroscopic X-ray equipment. The local rules were up to date and showed the four named, authorised doctors, the provider's radiation protection supervisor and the appointed radiation protection advisor/medical physics expert. There were three lead aprons available for personal protection, with radiation dosimeters attached. These measure radiation doses. There were dosimeter reports available for review, for 2019 and 2018, which demonstrated staff were exposed to consistently low levels of radiation, within a safe range.
- There was appropriate warning signage relating to the X-ray equipment on the treatment room door.
- Records showed the emergency equipment, such as the automatic external defibrillator, was regularly checked. There was a process to check the contents of the emergency equipment grab bag each month, against a checklist showing expiry dates. It was secured by a cable tie. The manager, or a deputising staff member, logged a weekly check that the emergency equipment was stocked appropriately and available. Oxygen was stored safely.
- The provider carried out appropriate environmental risk assessments, which took into account the equipment

# Are services safe?

on site, staff and patients. The quality and compliance manager and registered manager carried out a health and safety risk assessment in November 2019, which showed risks were managed appropriately. The registered manager had completed training in risk management.

## 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. Doctors were appointed to work under practicing privileges, and a new doctor had been appointed to start work shortly after our inspection, to meet the increased demand for services. Health advisors were employed to work across different clinics in the region, based on demand.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff were up to date with annual basic or intermediate life support training, depending on their roles. The doctors had completed training in how to identify and manage patients with severe infections, for example sepsis. There was recent guidance on display to minimise risks to patients and staff from a new viral infection that was becoming prevalent at the time of the inspection.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There was a system for managing diagnostic test results such as blood tests or scan results. When the service's lead doctor was not on site to receive and review these results, they were seen by a named duty doctor within the group. Results of scans were also sent to the patient's GP so if there were abnormal results the doctor liaised with the patient and their GP to plan the referral.
- There were appropriate professional indemnity arrangements in place for clinical staff and renewal dates were monitored.

## 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. The service carried out quarterly clinical notes audits and the records we saw were clearly written and available to relevant staff.
- The service had systems for sharing information with staff to enable them to deliver safe care and treatment. Doctors asked for consent to share information with patients' GPs and with secondary care consultants where necessary. If patients were seen at different blackberry clinics, their records were transferred electronically. Paper records were transferred into electronic records and shredded. Patients kept their own electronic scan records.
- 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 ceased trading.
- The provider was registered with the Information Commissioners Office and its policy on information management and access to health records reflected the General Data Protection Regulation (GDPR), and other legislation including the Data Protection Act 2018.
- Doctors made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The provider held medicines safely.

- The service held emergency medicines appropriate to the clinic's activities. There was a risk assessment for the selection medicines held in the emergency grab bag. These were accessible to staff and staff kept records of medicine checks.

## Track record on safety

### The provider had a good safety record.

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

## Lessons learned and improvements made

### The provider had systems to learn and make improvements if things went wrong.

## Are services safe?

- The provider had a policy for critical or serious untoward incident reporting, which included definitions of both types of incident. The policy emphasised the importance of reporting incidents and near misses for learning and future prevention.
- There was a system for recording and acting on critical or serious untoward incidents. Staff understood their duty to raise concerns and report incidents and near misses. There had been no serious incidents during the past year.
- The provider had two different systems to report incidents; an electronic system for those incidents relating to care and treatment provided for patients referred from the private insurer, and a paper-based system for Blackberry's own patients. There were systems for reviewing and investigating when things went wrong. Staff outlined an incident relating to a sample that had not been safely tracked during a piloting test. The provider had made changes to improve the tracking procedure following the incident review.
- Staff were aware of and complied with the duty of candour. The provider promoted an open culture and encouraged staff to explain and apologise to patients when things went wrong.
- The provider had a system to act on external safety events as well as patient and medicine safety alerts.



# Are services effective?

## 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 doctors assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Doctors had enough information to make or confirm a diagnosis, or to make referral to different services.
- We saw no evidence of discrimination when making care and treatment decisions.
- There were standardised tools to record consultations and assessments. These included patient self-assessments before or after treatment, of their level of pain or mobility. 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 and the provider monitored the effectiveness of treatment at the clinic through Patient Rated Outcomes Measures.
- The service made improvements through the use of completed audits. There was an annual audit programme for all clinics which included quarterly audits of clinical notes. This clinic had carried out all the clinical audits required for the 2019-2020 clinical audit programme. For example, in January 2020 the records audit showed some assessment details had not been recorded, such as the allergy status. The subsequent audit showed compliance in recording all medical history questions. The registered manager said they highlighted any omissions with the doctor concerned and issues were quickly resolved.

## Effective staffing

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

- All staff were appropriately qualified. The provider had induction programmes for all newly appointed staff.

These included regular reviews and competency assessments. Doctors undertook initial training and were assessed before they were able to practice independently. Health advisors had a two-week induction, followed by three month and six month reviews and competency assessments. Staff said these assessments were supportive and there was a trainer to support staff in these roles.

- All doctors were registered with their professional bodies, for example, the doctors who carried out health assessments were GPs registered with the General Medical Council and were up to date with revalidation. The lead doctor for musculoskeletal treatments was on the specialist register for sport and exercise medicine.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Records showed staff were up to date with the training they were required to complete. Staff were encouraged and given opportunities to develop.
- All staff had annual appraisals. The provider had developed a new appraisal process for doctors in 2019, known as the 'practicing privileges review'. It incorporated an annual work-place based assessment, where doctors were observed by the medical director or other senior doctor for a day and assessed against a set of competencies relevant to their roles. Doctors were also assessed against their performance outcomes, patient feedback and clinical notes audits.

## 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 communicated effectively with other services and make referrals when appropriate, such as to secondary care providers and GPs.
- Before providing treatment, doctors at the service asked patients about their medical history, current medicines and symptoms so they had adequate knowledge of the patient's health. Doctors provided examples of situations where they had signposted patients to more suitable sources of treatment where this was appropriate, to ensure effective care and treatment.
- All patients were asked for consent to share details of their consultation and treatment with their registered GP when they used the service.



## Are services effective?

- Patient information was shared appropriately, including when patients moved to other service providers. There service ensured the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

### **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.
- The provider had prepared patient information sheets for different treatments. Patients were also given information on risks and benefits of different treatment options and advice on after care.
- Where the clinic provided health assessment and screening services, staff gave patients lifestyle and nutritional advice. This included follow up calls.

- If patients needs could not be met by the service, staff redirected them to an appropriate service for their needs.

### **Consent to care and treatment**

#### **The service obtained obtain 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. The clinic's policy was to not carry out procedures for patients who were unable to give informed consent. If staff were unsure of a patient's capacity to give consent it was the provider's policy that they should contact the patient's GP for advice.
- Staff supported patients to make decisions, by explaining choices, risks and potential outcomes.
- The service monitored the process for seeking consent appropriately. Audits of consent were included in the audit programme and results showed consent was sought and recorded consistently.

# Are services caring?

## Kindness, respect and compassion

### Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. This included, for example, feedback on whether their pain or mobility had improved and by how much in percentage terms.
- The service also asked every patient to provide feedback on their experience of care and overall level of satisfaction. Staff at this clinic were particularly proud of the high scores they received, which consistently exceeded the target score. Comments from the feedback reports showed patients found staff friendly, professional and knowledgeable.
- This feedback was in line with that noted on the six comment cards we received from patients and from our observations during the inspection.
- 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 patients who did not have English as a first language. Staff said this was rarely required but knew how to access these services when required.
- Feedback comments showed patients felt listened to and involved in treatments and consultation.

## Privacy and Dignity

### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Patients were put at ease on arrival. They were collected from the waiting area by staff and escorted to the consultation room.
- All consultations and treatments were held in rooms with closed doors and people's conversations could not be overheard.
- Chaperones were available. The clinic manager and health advisor based at the clinic were both trained chaperones.
- The service did not have toilets within the clinic premises, and these were located close by near the lift. If patients were required to provide samples, staff gave them a discrete container for the sample pot to carry to the toilets.
- All patient information was held securely.

# Are services responsive to people's needs?

## 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. The provider had made a policy agreement not to carry out procedures for patients who were not able to understand the procedures or give an informed consent. This was outlined in the policy for the protection of adults at risk.
- The clinic was wheelchair accessible.
- The facilities and premises were appropriate for the consultations and treatments delivered. There was on-site parking, a lift to the floor where the clinic was located and staff in reception to welcome and support patients.
- The provider's website provided information on the services provided at each clinic, the staff and their qualifications and prices.
- There was drinking water available in reception.

## Timely access to the service

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

- Patients could generally access appointments at a time of their choosing. Patients could book appointments by

telephone, and the doctor with a special interest in sport and exercise medicine was available on specific days of the week. Health assessments were booked via the provider's website.

- Referrals to other services were undertaken in a timely way. The provider had a failsafe reporting process, with safety netting for health screening results. This meant abnormal results were overseen the duty doctor and urgent referrals were tracked.
- Patients with the most urgent needs had their care and treatment prioritised.
- Waiting times, delays and cancellations were minimal and managed appropriately. The provider issued text message reminders for appointments.

## 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 and displayed in the waiting room.
- There had been no complaints recorded in the past year. Staff said that if patients had questions or concerns they offered possible solutions at the time with the aim of resolving their issues. Staff said they would treat patients who made complaints compassionately.
- The service had complaint policy and procedures. Complaints, and any actions taken in response, were discussed at clinical governance meetings to improve the quality of care.

# Are services well-led?

## Leadership capacity and capability

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

- The registered manager was knowledgeable about issues and priorities relating to the quality and future plans for the service. They understood the challenges and were addressing them.
- The registered manager worked full time in the clinic and was visible and approachable. They made plans for other staff to provide cover when they were on leave. They worked closely with staff and others and they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including supporting staff to develop into leadership roles.
- There was a clear leadership structure within the organisation and the registered manager said they were well supported by other clinic managers and by senior leaders including an area manager and quality and compliance manager.
- The provider's medical director had overall clinical leadership of the service and supported the service's lead practitioner.

## 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 strategy to develop and improve services. The service had realistic plans to identify and achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision and strategy and their role in achieving them. There was a commitment from all staff to deliver good outcomes for patients.
- 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 focused on the needs of patients and celebrated the good feedback they had received from patients. Staff were proud to work for the service and there were positive relationships between staff in different roles.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider had systems to ensure compliance with the requirements of the duty of candour and staff understood the requirement for openness and honesty if they made an error.
- Staff told us they could raise concerns and were encouraged to do so. They were confident these would be taken seriously and addressed.
- There were processes for providing all staff with the development they need. This included annual appraisals and career development conversations. The provider had established a comprehensive annual appraisal process for medical staff. They were supported to meet the requirements of professional revalidation.
- There was a strong emphasis on the safety and well-being of all staff

## Governance arrangements

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

- There was a clear governance framework, with structures, processes and systems to support good management and decision making. The provider had established a lead role for clinical governance and there were regular clinic governance meetings to discuss and learn from patient feedback, audits, clinical care, incidents and complaints.
- The provider had established effective policies, procedures and activities to promote safety. There was an effective audit programme to provide assurance that the policies were implemented as intended. Staff were clear on their roles and accountabilities

## Managing risks, issues and performance

### There were clear and effective/was no clarity around processes for managing risks, issues and performance.

## Are services well-led?

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The registered manager had a routine of monthly tasks to complete, that included checking safety equipment and systems and carrying out audits. Clinics were monitored on their performance, in areas such as compliance with staff training, completing annual appraisals and patient outcome data. This clinic has achieved its performance targets for 2019.
- Performance of clinical staff was demonstrated through audit of their consultations.
- Clinical audit 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 business continuity plans in place and knew how to implement them and cascade information to key stakeholders.

### 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 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.

### 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 provider placed a high priority on providing a good patient experience. The service asked all patients for their feedback and used a specific tool to rate their responses that gave additional weight to answers less than 'excellent'. Monthly feedback data showed the Havant clinic performed well against the target rating.
- The provider had improved its website in the past year, and this included information for patients about the Havant clinic and its staff and services.
- The clinic's monthly clinical governance meeting minutes were circulated to all staff and there was a sign-sheet for staff to show they had read and understood them. The registered manager was confident that suggestions or issues raised by the team were taken seriously. For example, they had suggested improved premises for the clinic and the provider was investigating options.
- 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. Staff outlined opportunities for learning and development and career progression.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.