

# Redcar Primary Care Hospital

## 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.** (Previous inspection January 2018 – Requires Improvement)

We previously carried out an announced, comprehensive inspection of ELM Alliance Limited on 25 January 2018 and gave an overall rating of Requires Improvement. At that inspection we identified two breaches of regulations and issued a warning notice for one of the breaches. A further inspection carried out on 13 September 2018 was an announced focussed follow-up inspection, without ratings, to check whether the provider had taken steps to comply with the legal requirements for the breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding staffing.

The full comprehensive report on the January 2018 inspection can be found by selecting the 'all reports' link for Redcar Hospital– ELM Alliance on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The key questions are now 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 Redcar Hospital (a registered location for the delivery of extended hours and out of hours in South Tees) on 20 March 2019 as part of our inspection programme, and to follow up on a previous breach of Regulation 17 HSCA (RA) Regulations 2014 Good Governance.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- 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.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

**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 CQC Inspection Manager, a GP specialist adviser, a CQC pharmacist, a nurse specialist adviser, and a CQC second inspector.

## Background to Redcar Primary Care Hospital

ELM Alliance Limited is commissioned by South Tees Clinical Commissioning Group (CCG) to operate the extended hours GP service (with appointments during the night) and out of hours service across South Tees. ELM Alliance, a federation of all GP practices within South Tees CCG, took over the operation on 1 April 2017, offering care to around 290,000 patients. The service operates extended hours appointments from 6pm until 9.30pm

every day at Redcar Hospital. From 9.30pm until 8am every day, the service operates an out of hours service from Redcar Hospital. It offers urgent care appointments, as well as routine face-to-face and home visit appointments to patients who have been referred to it via their own GPs; or urgent care appointments by the NHS 111 service.

# Are services safe?

**At our previous inspection in January 2018 we rated the service as Requires Improvement for providing safe services as the arrangements in respect of incident analysis, prescription stationery, sufficient staffing, and safety alerts were not adequate.**

**We have now rated the service as good for providing safe services.**

## 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 safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- 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. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). There was a service policy which supported this.
- 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.

## 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.
- There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need. Systems were in place to manage people who experienced long waits.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Appropriate and safe use of medicines

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

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and controlled drugs, minimised risks.

## Are services safe?

- The service held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had appropriate policies and procedures in place for their safe management.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The service had also audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Arrangements for dispensing medicines kept patients safe. Processes were in place for checking medicines were available and staff kept accurate records of medicines received and supplied.
- Prescription stationery was stored securely and its use was monitored in line with national guidance.
- Palliative care patients were able to receive prompt access to pain relief and other medicines required to control their symptoms.

### Track record on safety

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.
- There was a system for receiving and acting on safety alerts.

- Joint reviews of incidents were carried out with partner organisations, including the local A&E department, NHS 111 service and local ambulance services.

### 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 and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- Staff told us when they submitted a significant event within the organisation, they always received feedback from a manager.
- 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 service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- There was a daily 'safety first' huddle at the start of every shift which included all available team members.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service.

# Are services effective?

**At our previous inspection in January 2018 we rated the service as Requires Improvement for providing effective services as the arrangements in respect of clinical audits, clinical support and appraisals were not adequate.**

**The service is now rated as good for providing effective services.**

## 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 supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Telephone assessments were carried out using best practice telephone guidance. Staff attended external training courses and were signed off through shadowing and competency checklists, before undertaking any telephone assessments.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. There was a system in place to identify frequent callers and patients with particular needs, for example palliative care patients, and care plans/guidance/protocols were in place to provide the appropriate support. We saw no evidence of discrimination when making care and treatment decisions.
- When staff were not able to make a direct appointment on behalf of the patient clear referral processes were in place. These were agreed with senior staff and clear explanation was given to the patient or person calling on their behalf.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided. The service had undertaken completed audits regarding the management of urinary tract infections, compliance with controlled drugs and a comprehensive infection control audit, among others. We saw that there was an audit plan set out for the coming months, detailing the areas of clinical improvement priority.

- Providers are required to report monthly to their clinical commissioning group (CCG) on their performance against the standards which includes: audits; response times to phone calls: whether telephone and face to face assessments happened within the required timescales: seeking patient feedback: and, actions taken to improve quality.
- The service was generally meeting its locally agreed targets as set by its commissioner.

The service used key performance indicators (KPIs) that had been agreed with its clinical commissioning group to monitor their performance and improve outcomes for people. The service shared with us the performance data from December 2018 to February 2019 that showed (in extended GP hours service):

- 90% - 100% of patients suffering from immediate and life-threatening conditions were, after consultation, passed to the ambulance service within three minutes of their condition being identified.
- 100% of patients who were unable to communicate effectively in English were provided with an interpretation service within 15 minutes of initial contact.
- 100% of details of patient consultations (including clinical information) were transmitted to the GP practice where the patient was registered prior to 08:00hrs the next working day.

Out of Hours key performance indicators showed:

- 92% - 100% of patients with urgent needs had a definitive clinical assessment started within 20 minutes of arriving at the centre.
- 99% - 100% of all other patients had a definitive clinical assessment started within 60 minutes of arriving at the centre.

# Are services effective?

- 100% of patients suffering from immediate and life-threatening conditions were, after consultation, passed to the ambulance service within three minutes of their condition being identified.
- 100% of patients with routine needs had a consultation take place within one hour of arriving (either in a centre or in the patient's place of residence).
- 100% of patients with routine needs had a consultation take place within two hours of arriving (either in a centre or in the patient's place of residence).
- 100% of patients had a face to face consultation (following definitive clinical assessment) take place within six hours (where classed as less urgent) either in a centre or in the patient's place of residence.
- 100% of patients who were unable to communicate effectively in English were provided with an interpretation service within 15 minutes of initial contact.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as; fire safety, infection prevention and control, governance structures within the organisation.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- 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.
- Staff were provided with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care and treatment for patients in vulnerable circumstances was coordinated with other services. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow to ensure callers were referred to other services for support as required. The service worked with patients to develop personal care plans that were shared with relevant agencies.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service. An electronic record of all consultations was sent to patients' own GPs.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them.

## Helping 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.

- The service identified patients who may be in need of extra support.

## Are services effective?

- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- 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.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.



# Are services caring?

**At our previous inspection in January 2018 we rated the service as Good for caring.**

**The service is still rated as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- 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. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- All 46 of the patient Care Quality Commission comment cards we received at Redcar Hospital were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the service.
- The service had conducted its own patient satisfaction survey which showed positive results. For example; a survey of 200 patients stated that their weighted score was 9.6 out of 10, for satisfaction with the overall experience of attending the service. 96% of those 200 patients questioned would recommend the service to family and friends.

## **Involvement in decisions about care and treatment**

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- 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, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- 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.
- The service monitored the process for seeking consent appropriately.

# Are services responsive to people's needs?

**At our previous inspection in January 2018 we rated the service as Requires Improvement for providing responsive services as the arrangements in respect of delays to treatment, gaps in the rota and breaches of key performance indicators were not adequate.**

**The service is now rated as good for providing responsive services.**

## Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, alerts about a person being on the end of life pathway. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. For example, the provider had arranged and funded transport by taxi for vulnerable patients without their own transport.
- The service was responsive to the needs of people in vulnerable circumstances.

## Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The extended hours service operated from 6pm to 9.30pm Monday to Friday, and 8am to 9.30pm on weekends and bank holidays. Out of hours care was delivered from the two of the four hubs (including Redcar Hospital) from 9.30pm until 8am via the NHS 111 service.
- Patients could access the service via the NHS 111 service or by referral from a healthcare professional, or through their own GP practice.
- The service did not see walk-in patients and a 'Walk-in' policy was in place which clearly outlined what

approach should be taken when patients arrived without having first made an appointment, for example patients were told to call NHS 111 or referred onwards if they needed urgent care. All staff were aware of the policy and understood their role with regards to it, including ensuring that patient safety was a priority.

- The service had a system in place to facilitate prioritisation according to clinical need where more serious cases or young children could be prioritised as they arrived. The reception staff had a list of emergency criteria they used to alert the clinical staff if a patient had an urgent need. The criteria included guidance on sepsis and the symptoms that would prompt an urgent response. The receptionists informed patients about anticipated waiting times.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. We saw the most recent local and national KPI results for the service (December 2018 – February 2019) which showed the provider was meeting the following indicators:
- 100% of patients with routine needs had a consultation take place within one hour of arriving (either in a centre or in the patient's place of residence).
- 100% of patients with routine needs had a consultation take place within two hours of arriving (either in a centre or in the patient's place of residence).
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

## 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.

## Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 17 complaints were received across the organisation in the last year. We reviewed five complaints and found that they were satisfactorily handled in a timely way.
- Issues were investigated across relevant providers, and staff were able to feedback to other parts of the patient pathway where relevant.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted to improve the quality of care. For example, when a GP practice complained to ELM Alliance that they had not received a death notification about one of their patients, the service's policy was updated to ensure that a failsafe system was introduced so that GP practices could receive the information in a timely way.

# Are services well-led?

**At our previous inspection in January 2018 we rated the service as Requires Improvement for providing well-led services as the arrangements in respect of overarching governance structures were not adequate.**

**The service is now rated as good for leadership.**

## Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They 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.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- 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 patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

## 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals 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.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

# Are services well-led?

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## 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.

The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

The providers had plans in place and had trained staff for major incidents.

The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## 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 used information technology systems to monitor and improve the quality of care.
- 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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- We saw evidence of the most recent staff survey 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 were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. For example, the provider had introduced a new human resources strategy "Personal Responsibility in Delivering Excellence" (PRIDE) which was people-focussed, looked at values and behaviours, people development, reward and recognition. The provider had recognised the need to continue to improve the organisational culture.
- Staff knew about improvement methods and had the skills to use them.
- 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.

There was a strong culture of innovation and systems to support improvement and innovation work.