

IPSA Enterprise Limited

IPSA Medical Clinic

Inspection report

7 Harben Parade
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London
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Website: <https://ipsamedical.co.uk>

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Ratings

Overall rating for this service

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 September 2018 when it was found to not be meeting the relevant standards for providing safe and well-led services).

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 IPSA Medical Clinic on 30 May 2019 as part of our inspection programme and to follow up on issues we found at our last inspection in September 2018. A copy of our previous inspection report can be found by going to <https://www.cqc.org.uk/location/1-514493173> and selecting the Reports tab.

When we inspected the service on 6 September 2018 we found that the service was not meeting the relevant standards for providing Safe and Well-led care. We issued

Summary of findings

requirement notices for breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and asked the provider to make the following improvements:

- The GP had not received training in safeguarding of vulnerable children.
- DBS checks had not been completed for all staff who acted as chaperones.
- Not all staff had completed all training we would normally expect to be undertaken by staff in a GP service, including: Mental Capacity Act 2005, fire safety and information governance.
- Staff personnel files did not contain interview summaries, and evidence of training in the Mental Capacity Act and information governance.
- There was no record all medicines and equipment for use in an emergency were being regularly checked.
- Not all staff had received appropriate child safeguarding training which reflected legislation and local requirements.
- The system in place for reporting, recording and analysing significant events and complaints did not provide for written explanations or apologies.
- The service did not have policies for health and safety or fire safety.

We also identified some areas where the provider could make improvements and should:

- Review and consider installing curtains or a screen in the consultation room for the benefit of patient privacy and dignity.
- Review and consider making baby changing and changing waste disposal facilities available for the benefit of patients.
- Review and introduce a system to ensure learning from meetings is shared.
- Review and consider providing a hearing loop in reception for the benefit of patients who have a hearing impairment.

We checked these areas as part of this comprehensive inspection and found they had been resolved.

IPSA Medical Clinic is a private GP service, it provides services to adults and children. The service is located in

Hampstead, in the London borough of Camden, within a pharmacy owned by the same directors. IPSA Medical Clinic is situated on the lower ground floor of the building.

The GP 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 did not speak to any patients during the inspection as it took place on a day when the clinic was closed. We reviewed 11 CQC comment cards and found that all contained positive comments. Patients said the service was excellent, they were given enough time to talk about their issues, appointments were arranged quickly, and the doctor was very nice and knowledgeable.

Our key findings were:

- The service had installed a curtain in the consultation room for the benefit of patient privacy and dignity.
- There were baby changing and changing waste disposal facilities available for the benefit of patients.
- The service was recording meeting minutes, and these were shared with all staff.
- There was a hearing loop in reception for the benefit of patients who had a hearing impairment.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- We saw no evidence of discrimination when making care and treatment decisions.
- Interpretation services were available for patients who did not have English as a first language.
- The provider understood the needs of their patients and improved services in response to those needs.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.

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

- Consider providing the GP with update training to ensure their knowledge of vaccinations and immunisations is up-to-date.

Summary of findings

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief
Inspector of Primary Medical Services and Integrated Care

IPSA Medical Clinic

Detailed findings

Background to this inspection

IPSA Medical Clinic is registered with the Care Quality Commission to provide the regulated activities of: diagnostic and screening; and treatment of disease, disorder; and injury and family planning.

The service address is:

7 Harben Parade, Finchley Road, Hampstead, London, NW3 6JP

It is open and clinics run Saturday – Wednesday between 4.00pm – 8.00pm (the service is closed Thursdays and Fridays).

The clinical staff team at the service consists of one full-time female GP. The non-clinical team is led by a male full-time manager and two female part-time receptionists. Outside of working hours the service the phone system directed patients to the NHS 111 service.

How we inspected this service

During this inspection we:

- Spoke with a range of staff including the GP, manager and a receptionist.
- Looked at the systems in place for the running of the service.
- Looked at rooms and equipment used in the delivery of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions are made.
- Reviewed 11 CQC comment cards which included feedback from patients about their experience of the service.

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

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?

Our findings

We rated safe as Good because:

- All staff received up-to-date safeguarding and safety training appropriate to their role
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There was a system for recording and acting on significant events.

During our previous inspection in September 2018 we found the service was not providing safe care in accordance with the relevant regulations, as:

- The GP had not received training in safeguarding of vulnerable children.
- DBS checks had not been completed for all staff who acted as chaperones.
- Not all staff had completed all training we would normally expect to be undertaken by staff in a GP service, including: Mental Capacity Act, fire safety and information governance.

Safety systems and processes

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

At our last inspection in September 2018 we found the provider had failed to ensure:

- The GP had received training in safeguarding of vulnerable children.
- DBS checks had been completed for all staff who acted as chaperones.

At this inspection we found:

- The GP had received training in safeguarding of vulnerable children.
- DBS checks had been completed for all staff who acted as chaperones.
- 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.

- The service had systems in place to assure itself an adult accompanying a child had parental authority. We were told that where there was any doubt the service would raise a safeguarding concern with the appropriate local authority safeguarding team.
- The service worked with other agencies to support patients and protect them from 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. The service required all members of staff to undergo a Disclosure and Barring Services (DBS) check.
- 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, we saw the service had carried out an infection prevention and control audit. Where any issues had been identified the service had recorded actions to be taken with a timescale and a review and or completion date. We saw evidence of a legionella audit being undertaken by the service. Legionella is a term for a bacterium which can contaminate water systems in buildings.
- The provider ensured facilities and equipment were safe, and 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

Are services safe?

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

At our last inspection in September 2018 we found the provider had failed to ensure:

- All staff had completed all training we would normally expect to be undertaken by staff in a GP service, including: Mental Capacity Act 2005, fire safety and information governance.

At this inspection we found:

- All staff had completed all training that the service considered mandatory, including training in the Mental Capacity Act 2005, fire safety and information governance.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- The service did not employ agency staff.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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 which kept patients safe. The care records we saw showed 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 written agreement in place to ensure the safe retention of medical records in the event it ceased trading, it was in the process of having a legal agreement drawn up to formalise the agreement.
- 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.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely locked in a cabinet in the GPs room, and monitored its use.
- The service carried out regular prescribing audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this which protected patient safety.

Track record on safety and incidents

The service had a good safety record.

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

Lessons were 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons, identified themes and took action to improve safety in the service. There had been one significant event in the last 12 months, involving a patient who was referred for treatment, but who was initially discharged from the service to which they had been referred without intervention. The GP made a second referral, following which the patient received the

Are services safe?

treatment they needed. The service had fully reviewed the event and had concluded it had been handled appropriately and no changes to the service were required.

- 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.
- It 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?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

- We saw no evidence of discrimination when making care and treatment decisions.
- Patients received coordinated and person-centred care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The service kept complete patient records to ensure the GP could review their notes prior to consulting with repeat patients.
- Staff assessed and managed patients' pain where appropriate.
- The service had a hearing loop in reception for the benefit of patients with hearing difficulty, and a wheelchair ramp to enable patients in wheelchairs to access the rear entrance of the clinic.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. 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. We reviewed one audit: a completed two-cycle audit of patient notes. During the first cycle of the audit, in February 2018, the service reviewed 20 patient records for completeness. Among the data reviewed it found on 80% of records it had complete patient data, including: first name, surname, full address, date of birth and full contact details including email address. The service reviewed the results and decided to cross check the information for all new patients attending the clinic against the patient registration form. It re-ran the audit in June 2018 and found it had improved the completeness of patient information to 90%. On analysing the results, the service found the missing 10% was due to some patients who did not give their phone number because they were uncertain of the number and others who did not give an address because they lived abroad.

Effective staffing

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

- The GP delivered immunisations for travel, chickenpox and flu, however she had not received update training to demonstrate how she stayed up to date. Immediately after our inspection the service provided us with evidence that the GP was booked onto an appropriate course.
- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- 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.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's

Are services effective?

(for example, treatment is effective)

health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

- 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.
- The provider had risk assessed the treatments it offered. It had identified medicines which were not suitable for prescribing if the patient did not give their consent to share information with their NHS GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, reception staff had been trained to recognise, inter alia, health issues that required urgent care. Such patients would be assisted, or directed, to contact the emergency services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. The service had information leaflets and display screens in its waiting room and further information was available on its website.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- 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 caring?

Our findings

We rated caring as Good because:

- Feedback from patients was positive about the way staff treated people.
- Interpretation services were available for patients who did not have English as a first language.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Involvement in decisions about care and treatment

Staff helped 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. During our

inspection the service created, and displayed in the waiting area, a poster advising patients of the availability of translation services. The poster was written in several of the most common languages that patients spoke. 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 comment cards made clear 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.
- Staff communicated with people in a way they could understand, for example, communication aids including a hearing loop were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew 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?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

- The provider understood the needs of their patients and improved services in response to those needs.
- Patients reported the appointment system was easy to use.
- Information about how to make a complaint or raise concerns was available.

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. Patients received personalised treatment plans tailored to their particular needs. They were also provided with a range of additional information to increase their knowledge and awareness of their health.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others. For example, the service had a hearing loop for the benefit of patients with hearing difficulty, a wheelchair ramp and an evacuation chair to enable a patient with mobility issues to be safely helped to leave the building in an emergency.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. There were effective systems in place to manage referrals and test results, and the service had arrangements in place for prompt processing of any tests patients underwent.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action may be available to them should they not be satisfied with the response to their complaint.
- The service had complaints policy and procedures in place. It learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. There had been two complaints in the last 12 months. One complaint arose where a patient had inadvertently been given inaccurate information about the cost of a consultation. The service reviewed what had happened and responded to the patient appropriately.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated well-led as Good because:

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service focused on the needs of patients.

At our previous inspection in September 2018 we found the service was not providing safe care in accordance with the relevant regulations, as:

- Staff personnel files did not contain interview summaries, and evidence of training in the Mental Capacity Act 2005 and information governance.
- There was no record all medicines and equipment for use in an emergency were being regularly checked.
- Not all staff had received appropriate child safeguarding training that reflected legislation and local requirements.
- The system in place for reporting, recording and analysing significant events and complaints did not provide for written explanations or apologies.
- The service did not have policies for health and safety or fire safety.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

- The service developed its vision, values and strategy jointly with staff.
- 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they needed. 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. Clinical staff 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.

At our last inspection in September 2018 we found the provider had failed to ensure:

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Staff personnel files contained interview summaries, and evidence of training in the Mental Capacity Act 2005 and information governance.
- There was a record all medicines and equipment for use in an emergency were being regularly checked.
- All staff had received appropriate child safeguarding training that reflected legislation and local requirements.
- The system in place for reporting, recording and analysing significant events and complaints provided for written explanations or apologies.
- The service had policies for health and safety or fire safety.

At this inspection we found:

- Staff personnel files had been brought up to date shortly after our last inspection.
- The service was regularly checking all medicines and equipment for use in a medical emergency.
- All staff had received appropriate child safeguarding training.
- The service had an appropriate system in place to record and analyse significant events and complaints.
- The service had introduced policies for health and safety and fire safety.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves they were operating as intended.

Managing risks, issues and performance

There were clear and effective/was no clarity around 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 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.

- 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 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 combined with the views of patients and used to ensure and improve performance.
- 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 service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. For example, staff had mentioned that the service's
- new reception desk, near to the entrance to the pharmacy, partially blocked the view for pharmacy customers. This meant customers of the pharmacy were approaching the service's receptionist instead of pharmacy staff. The service was also working with an external partner, a doctor who ran another business,

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

who had similarly advised them of the need to introduce clear signposting for people entering the premises. The service was in the process of arranging for improved signs for the benefit of visitors.

- Staff could describe to us the systems in place to give feedback. Staff we spoke to told us they felt confident in giving feedback. They had regular meetings when things were discussed and staff could also raise any issues at any time, and that the management was very supportive.
- 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 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.
- 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 were systems to support improvement and innovation work. The service held regular staff meetings and encouraged all staff to contribute to development of the service. In addition, it undertook clinical audits to improve the service. For example, it had undertaken an audit of record keeping to ensure it was capturing all necessary information about patients.