

# Medcentres Plus

## Inspection report

Millstream House  
Avon Approach  
Salisbury  
Wiltshire  
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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 practice is rated as Good overall.** (Previous inspection 02 February 2018 – Not rated)

The key questions are rated as:

Are practices safe? – Good

Are practices effective? – Good

Are practices caring? – Good

Are practices responsive? – Good

Are practices well-led? – Good

We carried out an announced comprehensive inspection at Medcentres Plus on 5 September 2019, as part of our inspection programme.

Medcentres Plus is a private GP service based in Salisbury, a city in the county of Wiltshire. The practice offers a range of other services including cosmetic (surgical and non-surgical) treatments, earfold implants and vaccinations.

This practice is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Medcentres Plus, services are provided to patients under arrangements made by a government department with whom the practice user holds a policy (other than a standard health insurance policy. These types of arrangements are exempt by law from CQC regulation). Therefore, at Medcentres Plus, we were only able to inspect the services which are not arranged for patients by a government department.

The Nominated Individual is the Registered Manager. A registered manager is a person who is registered with the Care Quality Commission to manage the practice. 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 practice is run.

Seven patients provided written feedback about the practice, via CQC Comments Cards. We did not speak to any patients during our inspection. All cards referenced the high standard of care provided by clinical staff (the majority described care as either 'excellent' or 'outstanding'), as well as the kindness and courtesy offered by reception staff. All patients who provided written feedback said they felt involved in decision-making about the care and treatment they received. They said 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.

## **Our other key findings were:**

- Patients told us they found it easy to access appointments with a GP or nurse or for a clinical specialism.
- The service offered out-of-hours appointments if required.
- The service offered a range of vaccinations for children, adults and travel purposes.
- The service developed evidence-based treatments such as a minimally invasive procedure for ear reshaping.
- The service offered a range of healthchecks with a nurse or GP.
- The service offered a minimally-invasive pre-natal test to screen for chromosomal abnormalities.
- Patient satisfaction with the standard and quality of services received was high.

## **Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Practices and Integrated Care

## Our inspection team

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

## Background to Medcentres Plus

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the independent consulting doctors practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Medcentres Plus has occupied its current facility since 2013 and is arranged over the upper floors of a three-storey building. There are GP consulting and nurse treatment rooms, an operating theatre and a range of ensuite examination rooms. The top floor has two treatment rooms for minor operations, one at an enhanced level, and a gymnasium; and patient waiting rooms are situated on both floors. Registered patients are drawn from a wide geographical area, and their age distribution is broadly in line with the national average, with most patients being of working age or older. The service sees around thirty new patients a month for GP services only (which includes vaccinations, nurse appointments, medicals, and GP appointments), and also saw patients who were not registered, for non-GP services.

The clinical team consists of consultant doctors whose specialisms are plastic surgery, dermatology and general practice; a sonographer (sonographers are medical imaging professionals within the allied health sector who operate an ultrasound machine to perform diagnostic medical examinations), and three nurses (one of whom is

also the service clinical lead). A once-weekly GP service is run by one of the doctors, who is also the Chief Clinical Advisor. The clinical team is supported by a service manager (who is also the Registered Manager).

Since the last inspection, in February 2018, the non clinical team has been increased to include an operations manager and two receptionists. The service has also developed more consistent working relationships with the wider healthcare community, through a number of new services occupying the building. As well as an NHS GP practice, the building now houses services specialising in paediatric care, hernia repairs, podiatry, relieving hearing loss, and fertility issues.

Medcentres Plus is open from 9am to 6pm, Monday to Friday, and the service will take calls during these times. Routine appointments are generally available from 8am to 6pm, Monday to Friday, and can be booked as required. Details of fees are available on the practice website, on a leaflet available in the practice and when the patient completes a treatment form at the reception desk.

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We informed Wiltshire Healthwatch that we were inspecting the service; we did not receive any information of concern from them.

The provider delivers regulated activities from its sole location at Millstream House, Avon Approach, Salisbury SP1 3SL, Wiltshire.

# Are services safe?

## We rated safe as Good because:

- There were clear systems to keep people safe and safeguarded from abuse.
- Systems assessed, monitored and managed risks to patient safety.
- Staff had the information they needed to deliver safe care and treatment to patients.
- There were reliable systems for appropriate and safe handling of medicines.
- The practice had a good safety record.
- The practice learned and made improvements when things went wrong.

## Safety systems and processes

- The service conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information for the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- 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 service carried out staff checks, including checks of professional registration where relevant, at the time of recruitment and on an ongoing basis. We reviewed three personnel files, and saw documentary evidence that these were undertaken where appropriate. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Practice. (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 had a DBS check in place.
- 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. A notice at the reception desk and in all the consulting rooms advised patients that chaperones were available if required.

- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was an effective system to manage infection prevention and control, including Legionella (a term for a particular bacterium which can contaminate water systems in buildings).
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The service carried out appropriate environmental risk assessments, which took into account the profile of people using the practice and those who may be accompanying them.

## Risks to patients

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to practices or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place, for example, indemnity insurance for all clinical staff.

## Information to deliver safe care and treatment

- The service had systems for sharing information with staff and other agencies to enable staff to deliver safe care and treatment. Staff told us that the service had an NHS email address, which made access to their local hospital's IT system easier. We looked at documentary records and saw that there were no delays with discharge summaries.
- Referral letters included all of the necessary information, and patients were followed up on a

## Are services safe?

case-by-case basis. Since the inspection the provider has further enhanced their process by introducing a log and checking system for documenting appointments following referrals.

- 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 used limited electronic systems and managed paper records appropriately.

### Safe and appropriate use of medicines

- The systems and arrangements for managing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The service kept prescription stationery securely and monitored its use. All medicines we looked at were in date.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines and test results were being used safely and followed up on appropriately. We saw evidence of a log of patient's results that identified when any testing had been completed and included details of the clinician completing the test, the date the test was sent, when it was received, the result and the follow up consultation with the patient. Information was passed to the patients' GP to ensure they were aware of any medicines prescribed.
- Records we saw showed the prescribing of medicines was in line with current guidelines.
- The practice involved patients in regular reviews of their medicines.

### Track record on safety and incidents

- There were comprehensive risk assessments in relation to safety issues.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

- 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 practice.
- Staff told us they would discuss any significant events and that changes had been made because of an incident. For example, following two significant events, the service introduced new procedures for equipment checks (for minor operations), and manual thermometers to monitor fridge temperatures in case of display failure.
- There was a system for receiving and acting on safety alerts. This included alerts from the Medicines and Healthcare Products Regulatory Agency.
- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty.
- The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The practice had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. Staff were able to identify patients from their systems who were prescribed a medicine affected by an alert.

# Are services effective?

## We rated effective as Good because:

- People had good outcomes because they received effective care and treatment that met their needs.
- Clinicians were kept up to date with current evidence based practice.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff worked together, and with other organisations, to deliver effective care and treatment.
- Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

## Effective needs assessment, care and treatment

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

- The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The service used its computer systems to undertake searches of suitable patients for clinical audits to improve their health outcomes and to monitor performance against, (for example) NICE guidelines.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The service offered child, adult and travel immunisations.

## Monitoring care and treatment

### The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements through, for example, the use of completed audits. Clinical auditing had a positive impact on quality of care and outcomes for patients.
- The practice held a register of all audits carried out which included timescales for further re-audit. These included audits of complication rates for minor surgery; and a re-audit of allergy recording. There was a clear plan in place for quality monitoring and improvement.

## Effective staffing

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

- All staff were appropriately qualified. The practice had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) / or Nursing and Midwifery Council, and were up to date with revalidation requirements.
- The service 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 whose role included vaccination had received specific training and could demonstrate how they stayed up to date.
- The service provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The service could demonstrate how they 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 patient care and information sharing

### Staff worked together, and worked well with other organisations, to deliver effective care and treatment. However, arrangements follow up referrals were not effective.



## Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other practices when appropriate. For example, when a patient with anxiety issues was referred to the local hospital, the service liaised with their local GP provider.
- The service worked in a timely manner and communicated effectively with other agencies to facilitate patient care. For example, when conducting medicals for the Driving Vehicle Licensing Association (DVLA).
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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 service had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. 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.
- Patient information was shared appropriately (this included when patients moved to other professional practices), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- We viewed records of some patients who used the service. The clinic had a system in place to record the patients regular GP to ensure that, where consent was gained, they could share information with them if necessary.
- The service had links with local NHS GP practices, and patients received co-ordinated and person-centred

care. This included when they moved between practices, when they were referred, or after they were discharged from hospital. When we spoke to the practice, they told us that their use of an NHS email address made communication easier.

- The service worked with patients to develop personal care plans that were shared with relevant agencies.
- The service ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

### 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.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. This included patients in the last 12 months of their lives, and patients at risk of developing a long-term condition.

### Consent to care and treatment

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

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

# Are services caring?

## We rated caring as Good because:

- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- We were assured that staff treated patients with kindness and respect and maintained patient and information confidentiality. The service could evidence patient feedback from surveys undertaken and compliments received. All the surveys we saw and comments cards we received, reported positive experiences and outcomes.
- The service respected patient's dignity and privacy.

## Kindness, respect and compassion

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

- Feedback from patients was positive about the way staff treat people, and the quality of clinical care received.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The practice gave patients timely support and information.
- All of the seven patient Care Quality Commission comment cards we received were extremely positive about the service experienced. This is in line with the views expressed in other feedback received by the practice. For instance, all 19 patients who completed the service's own survey in 2019 rated the practice with five (from five) stars.

## Involvement in decisions about care and treatment

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

- Interpretation services could be made available for patients who did not have English as a first language.
- 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 such as 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 that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.



# Are services responsive to people's needs?

## We rated responsive as Good because:

- The service met patients' needs and took account of their needs and preferences.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

## 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 service was open from 9am to 6pm, Monday to Friday and offered out-of-hours appointments (usually to around 6.30pm, if required), for corporate patients and those unable to attend during standard opening times.
- The service responded where possible to unmet needs. For example:
  - Offering a range of vaccinations for children, adults and travel purposes.
  - Developing evidence-based treatments such as a minimally invasive procedure for ear reshaping.
  - Offering a range of healthchecks with a nurse or GP.
  - Offering a minimally-invasive prenatal blood test to screen for chromosomal abnormalities.
  - Approved by the Driving and Vehicle Licensing Agency, to assess patient's fitness to drive.
- Patients were offered advanced booking and text reminders for appointments.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. For example, the patient car park had dedicated disabled parking spaces, and there was a lift inside the building and an external ramp to facilitate access.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

- Telephone consultations were available which supported patients who were unable to attend the practice during normal hours.
- Patients with no previous consultation history at the service were able to register their interest for an online appointment. They were then contacted by the service.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

## Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other practices were undertaken in a timely way. For example, most patients were registered jointly with a local NHS GP practice; and the service worked with the local hospital, to facilitate timely referrals.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. One complaint had been received in the last year, which led to the service reviewing the information collected and recorded at a patient's consultation.
- The service had a complaints policy and procedures in place.

# Are services well-led?

## We rated well-led as Good because:

- The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.
- Leaders had a shared purpose, and strived to deliver and motivate staff to succeed. There were good levels of satisfaction across all staff, and a commitment and effective action towards ensuring equality and inclusion across the workforce. Staff we spoke with told us they enjoyed working for the organisation and felt their individual contributions were valued.
- Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.
- There was a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- The practice had a culture of high-quality sustainable care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were clear and effective processes for managing risks, issues and performance.
- The service acted on appropriate and accurate information.
- The service involved patients, the public, staff and external partners to support high-quality sustainable practices.
- There were systems and processes for learning, continuous improvement and innovation.

## Leadership capacity and capability

- Leaders were knowledgeable about issues and priorities relating to the quality and future of practices. They understood the challenges and were addressing them. For example, the service plans to incorporate a questionnaire to assess levels of body dysmorphia in patients, prior to cosmetic procedures.
- Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service vision, values and strategy were jointly developed with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. All members of staff we spoke with told us they supported the service strategy, to provide high quality, innovative, evidence based treatments.
- The service monitored progress against delivery of the strategy.

## Culture

- Staff told us that they felt respected, supported and valued. They were proud to work for the practice, and felt that they worked well together as a team.
- The service was 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 service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. 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.
- There were positive relationships between staff and teams.

## Governance arrangements

- Structures, processes and systems to support good governance and management were clearly set out,

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understood and effective. The governance and management of partnerships, joint working arrangements and shared practices promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, this included clinical governance, medicines management and financial probity.

## 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 practices to improve quality.
- The service had plans in place and had trained staff for major incidents.

## 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 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 encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape practices and culture. For example, patients could give feedback via a number of routes, including surveys, practice specific questionnaires, and general comments and complaints.
- Staff could describe to us the systems in place to give feedback, for example through formal appraisals and staff meetings. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

- There was a focus on continuous learning and improvement at all levels within the service. For example:
  - The lead nurse attended vaccination and respiratory update courses.
  - The service devotes a part of its weekly clinical governance meetings to review evidence-based training and practice.
  - The chief clinical advisor suggests courses for staff development and learning which are communicated to staff and staff are supported to attend.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews. 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.