The Cheylesmore Surgery

Inspection report

51 Quinton Park
Coventry
West Midlands
CV3 5PZ
Tel: 02476502255
www.cheylesmoresurgery.nhs.uk

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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 rating June 2017 – Good)

The key questions at this inspection 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 The Cheylesmore Surgery on 18 July 2018 in order to check that satisfactory progress had been maintained since the practice was taken out of Special Measures as a result of the inspection in June 2017.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. The practice discussed incidents, learned from them and improved their processes in order to prevent a recurrence.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines and best practice.
- There were clear responsibilities, roles and systems of accountability to support effective governance.
- Patients told us that staff involved and treated them with compassion, kindness, dignity and respect.
- Patient feedback on the level of care and treatment delivered by all staff was very positive. The majority of patients said that they found the appointment system easy to use and reported that they were able to access care when they needed it.
- Continuous learning and improvement was actively encouraged at all levels of the organisation.

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

- Continue to monitor the availability of clinical appointments in response to the growing patient population.
- Continue to monitor and act on the results of patient satisfaction surveys in order to meet the needs of the patient population.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Good
People with long-term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector supported by a GP specialist advisor and a second CQC inspector.

Background to The Cheylesmore Surgery

The Cheylesmore Surgery is situated in the Oasis Health Centre in Quinton Park, which is south of the city of Coventry in the West Midlands. Another GP practice and an independent pharmacy are also based in the Oasis Health Centre. The Cheylesmore Surgery is registered with the Care Quality Commission (CQC) as a partnership provider to deliver the following Regulated Activities: diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. The surgery holds a General Medical Services (GMS) contract with NHS England. The GMS contract is a contract agreed nationally between general practices and NHS England for primary care services to local communities. At the time of our inspection, The Cheylesmore Surgery was providing medical care to 8,238 patients.

The practice provides additional GP services commissioned by the NHS Coventry and Rugby Clinical Commissioning Group (CCG). For example, minor surgery. A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

There is direct access to the practice by public transport from surrounding areas. Parking is available on site and on the street outside. Disabled car parking spaces are provided at the front of the practice building and the practice has facilities for disabled patients.

The practice is situated in an area with lower levels of deprivation. The practice has a slightly higher than national average number of children and working age adults in their 30s. It has a slightly higher than average number of retirement age patients. Information published by Public Health England rates the level of deprivation within the practice population group as seven, on a scale of one to ten, where ten is the least deprived.

There are two GP partners (one male, one female) and two salaried GPs (one male, one female). They are supported by the practice manager, a practice nurse, a pharmacist, two health care assistants, and a reception and administrative team.

The Cheylesmore Surgery is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There are currently two GP trainees working at the practice.

Please see the evidence table for details of the opening hours and extended hours provision.

When the practice is closed, there is a recorded message giving details of the out of hours' service.

Information about the practice is available to download from their website: www.cheylesmoresurgery.nhs.uk

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and these were discussed at multi-disciplinary meetings, which were held every six to eight weeks. These meetings were attended by GPs, a health visitor, and a midwife; we saw that all discussions were formally minuted. Learning from safeguarding incidents was available to staff. Staff who acted as chaperones was trained for their role and had received a Disclosure and Barring Service (DBS) check. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control (IPC). We saw that IPC audits were carried out every six months.
- The practice had arrangements to ensure that facilities and equipment were safe and maintained in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. We noted that there had been a 13% increase in the practice population since the previous inspection, due mainly to the closure of a nearby practice. We were told that GP availability was continually monitored and that the lead GP would work extra sessions if demand was likely to exceed capacity.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We saw evidence of a co-ordinated approach between the practice and external agencies, such as district nurses and the community matron to support the provision of safe care and treatment for patients.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Good

Are services safe?

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. These included identified issues both within and outside the premises. Risk assessments were up to date and reviewed regularly.
- The practice monitored and reviewed safety using information from a range of sources.
- Staff were encouraged to raise any areas of concern relating to safety.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. The GP partners and management team supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw that discussion of incidents was a standing agenda item at practice meetings.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems and processes to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff were able to tell us how they advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or might be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of the medicines they were taking.
- The practice had responsibility for the majority of residents in three local care homes. We spoke with two managers who all said that the service was excellent. Managers told us that they had positive relationships with practice staff, who were very professional, supportive and understanding. We were told that a GP had visited a resident nearing the end of their life three times within the last 24 hours to monitor that the resident was comfortable.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check that their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were the practice leads for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

- Childhood immunisation was carried out in line with the national childhood vaccination programme. Uptake rates were above the target percentage of 90% in all areas.
- Failed attendance of children's appointments following an appointment in secondary care or for immunisation was followed up with a telephone call or letter.
- The practice provided family planning services, including coils and implants.
- The practice took part in a scheme which provided a confidential sexual health service for 13 to 24 year olds.
- Priority was given to children below the age of five years.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 73%, which was comparable to Clinical Commissioning Group (CCG) and national averages, but below the 80% coverage target for the national screening programme. The practice explained that they were actively working to promote the uptake by sending out letters and by reminding patients to attend for cervical screening on an opportunistic basis.

Good

Are services effective?

- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice carried out regular clinical and non-clinical audits to monitor the standard of care and treatment.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice 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.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- 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 with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information and liaised with community

Good

Are services effective?

services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice 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. Monthly meetings were held with the palliative care team.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. For example, clinical staff described how they would signpost patients to the healthy lifestyles initiative in Coventry.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice 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. We saw that the practice had a template which had written or verbal consent options and we viewed the written consent form.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated patients.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.
- Nine comment cards were completed by patients. Patients wrote that staff were caring and understanding.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them to ask questions about their care and treatment.
- The practice had identified 205 carers which represented 2.5% of their practice population.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment with regard to nursing staff, but below for GPs. These results were published in 2017; the 2018 results were not available at the time of our inspection. However, results from the 2018 in-house patient survey, which contained the same question, showed that all respondents thought that their GP involved them in decisions about their care.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs. There was a notice to this effect at reception.
- Staff recognised the importance of people's dignity and respect. We spoke with four patients on the day of the inspection and they all said that their dignity and privacy was respected.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services .

Responding to and meeting people's needs

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

- The practice understood the health and social needs of its population and tailored services in response to those needs.
- Telephone consultations were available which was helpful for patients who could not attend the practice during core working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice had a hearing loop and patients who were hard of hearing could communicate with clinicans through a system whereby a relay assistant typed what each person said.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching their end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home, in a care home or supported living scheme.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team and community matron to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- The practice had systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours could be booked at one of the seven hubs in Coventry on weekday evenings and on weekend mornings.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were no homeless patients registered at the time of our inspection.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Three practice staff had attended dementia awareness training sessions and had become dementia friends.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

Good

Are services responsive to people's needs?

- Waiting times, delays and cancellations were minimal and managed appropriately.
- The practice had identified that there were many incidents of non-attendance for clinical appointments, so two audits were carried out to determine the extent of the problem. During the first six month period in 2017, there were 632 missed GP appointments and 437 missed nurse or midwife appointments. Letters were sent to those patients who had not attended their appointments. A second audit carried out during a four month period in 2018 identified 223 missed GP appointments and 138 missed nurse or midwife appointments, which was an improvement. The reduction in the rate of non-attendance resulted in more clinical appointments being available.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us that the appointment system was easy to use.
- The practice's GP patient survey results in respect of access to services were in line with local and national averages.

Listening and learning from concerns and complaints

The practice 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 both in the reception area and on the practice website. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and took action, where appropriate, to improve the quality of care. We saw that complaints were discussed at practice meetings.

Please refer to the evidence tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

The GP partners and management team had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues, challenges and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, additional staff manned the telephone lines at peak times and another receptionist had been recruited.
- 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 practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values to deliver high quality, efficient care with good accessibility to appointments to all of the practice population. The practice had a strategy to achieve priorities.
- 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 care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff told us that they felt respected and valued by the GP partners and management team. We were told that the relationships between staff and teams were very positive and mutually supportive.
- It was clear that patients' needs were the focus of all staff.
- The GP partners and management team acted on behaviour and performance inconsistent with the vision and values.
- We saw evidence that the practice was open, honest and transparent in response 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 annual appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff and patients.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The GP partners and management team had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were regularly reviewed and staff were able to tell us how they could access them.

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.

Good

Are services well-led?

- The practice had processes to manage current and future performance. The GP partners and management team 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 practice to improve quality.
- The practice had a Business Continuity Plan and Disaster Handling Policy and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice 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 staff had sufficient access to information.
- The practice 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 practice used information technology systems to monitor and improve the quality of care.
- The practice 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 practice 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. There was a patient participation group.
- The practice had recently joined the local cluster group of GP practices in the area.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared across the practice team and used to make improvements.
- The practice was a training practice for future GPs and the practice nurse had mentored student nurses. The trainers involved commented that they valued the two way learning process.
- We were told that the practice would be hosting two trainee physician's associates in September 2018, which further evidenced their commitment to providing learning opportunities for staff outside their own practice.

Please refer to the evidence tables for further information.