Acorn Medical Practice

Inspection report

11-13 Wood Street
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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. (This is the first inspection for this provider).

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 Acorn Medical Practice on 13 June 2018. This inspection was carried out as part of our inspection programme.

At this inspection we found:

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Patients we spoke with told us staff were caring and considerate and they were happy with the service the practice provided.
- Practice leaders worked hard to make improvements and routinely reviewed the services they were providing. Staff told us they wanted to expand, to make best use of the practice environment and improve patient experience by adding a new clinic room and waiting area.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes although some significant events were not always recognised as such.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect. We saw staff interacting with patients in a caring and considerate way.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The Patient Participation Group (PPG) assisted the practice to carry out a patient survey on 3% of the patient list to make service improvements.

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

- Further develop the significant event process and reporting so all significant events are reviewed, discussed and learnt from.
- Take action to improve cold chain security by adding a small back up fridge.
- Improve the recording of safeguarding meetings by keeping meeting minutes.
- Take action to improve and maintain prescription security in line with established guidelines.
- Improve clinical and sharps waste security by storing in a locked room.

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**.** The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Acorn Medical Practice

Acorn Medical Practice is located at 11 – 13 Wood Street, Mansfield, Nottinghamshire NG18 1QA. The name of the registered provider is Dr KA Rahman and Dr J Dar.

Data contained within the report reflects the legal provider. We noted the current partnership took over from the previous provider in November 2016. The premises remains the same as do the majority of staff and patients.

Regulated activities include Diagnostic and screening procedures, Family Planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

Acorn Medical Practice is run by two GPs: Dr KA Rahman (male) and Dr J Dar (male) with a salaried GP Dr A Horsfield (female). The nursing team consists of a practice nurse, health care assistant and an advanced nurse practitioner will be joining the practice in August. Additional practice staff include the practice manager, business supervisor and the reception, administration team and cleaners.

The practice has approximately 3,020 patients and is open between 8am and 6:30pm Monday, Tuesday, Thursday and Friday and 8am to 5pm on Thursday. Patients are offered extended hours sessions from 6:30pm to 8:00pm on weekdays, from 7:15am on Thursday and from 8:00am to 12:00pm on Saturday. This is in conjunction with other local practices within the Kirby area. Patients can also access telephone consultations.

Patients and staff are able to use the car park adjacent to the practice and the practice building is accessible to patients with wheelchairs and those with restricted mobility.

The practice population contains lower numbers of people aged 65 and above (12.1%) compared to the national average of 17.3%. Income deprivation levels are higher both for children (26.1%) compared to the national average of 19.9% and for older people (21.1%); national average of 16.2%.

The practice lies within the NHS Mansfield and Ashfield Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had 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. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were 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.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Although clinical waste bags were labelled and sharps waste was segregated appropriately, the room in which they were stored was not locked during the day.

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.
- 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 and the clinical system activated a sepsis alert. Reception staff had access to a recognising sepsis template warning them of the significant symptoms and signs.
- 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 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 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. All emergency drugs were in date apart from one which on the day of the inspection was removed from the bag and ordered from the chemist for delivery the following day. Emergency equipment was in date and working and the bag was well organised and clearly labelled. We saw the practice had one vaccine fridge which increased the risk to the cold chain. The vaccines were in date, stored correctly and temperatures were logged daily and backed up with a data logger.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. Patient Group Directions were in date, signed by all staff who used them, were properly authorised and there was a record in place for staff authorised to use them. The practice had reviewed its antibiotic prescribing and we saw they had taken action to support good antimicrobial stewardship in line with local and national guidance. Prescriptions were not stored securely as blank prescriptions were left in the printer and clinical rooms were not locked during the day. Individual prescription

Good

Are services safe?

numbers were not logged when they were distributed. Safety alerts were cascaded to all relevant staff and we saw evidence that actions were taken and the outcome recorded.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. We saw the GPs reviewed medication when a patient had been discharged from hospital. Patients were involved in regular reviews of their medicines. There was a process in place for the safe handling of repeat prescriptions which was followed. We saw clinicians used the practice protocol for the monitoring of high risk medicines to keep patients safe.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made some improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses and leaders and managers supported them when they did so. Significant events were a standing agenda item at practice meetings although the minutes lacked the detail of discussions.
- There were adequate systems for reviewing and investigating when things went wrong although not all significant events were logged and reported. Practice leaders reviewed significant events every six months to identify themes and these were then discussed and shared with all staff. The practice compiled a summary of significant events and updated this after each event was logged.
- 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 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 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 may 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 medication.
- 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 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 responsible 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 uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- 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.
- The practice's uptake for cervical screening was 74.5% which was below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was below the national average.

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.
- On the day of the inspection the practice had not been routinely using an appropriate tool to assess pain in patients with communication difficulties. However, clinicians said they will now use this method of symbols (smiley face and sad face).

Good

Are services effective?

- The practice offered annual health checks to patients with a learning disability.

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 medication.
- 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's performance on quality indicators for mental health was above local and national averages. For example 100% of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF). This compared to averages of 85.8% (CCG) and 83.7% national.

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. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice's figures for QOF indicators were similar to or better than the CCG average and the national average.
- 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.
- We saw 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 with, and liaised, with community 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.

Good

Are services effective?

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 where available.
- 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, 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. Written consent was taken and recorded for all minor surgery procedures.
- 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 people.
- 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.
- The practice and PPG carried out their own patient survey in February 2016 which questioned 3% of the registered patients. Feedback showed patients expressed high levels of overall satisfaction with the practice and felt the reception staff were helpful. Two thirds of patients said they were usually seen within 20 minutes of their appointment time and almost all fed back they were treated with care and concern.

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.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- 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.

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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

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 needs of its population and tailored services in response to those needs. It made changes when patient feedback showed improvements were needed and reviewed how well the changes were working.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. The reception area was spacious, clean and tidy and the front door was automatic and wide opening. There was a staff board with photos identifying all staff members. There was an evacu-chair on the first floor by the stairs and a toilet on the ground floor with baby changing facilities. Consultation rooms were private and conversations could not be overheard which was aided by a radio playing in reception. On the day of the inspection the lift was out of order; this was repaired during the day.
- The practice made reasonable adjustments when patients found it hard to access services by offering home visits and telephone appointments.
- 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 the 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 or 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 due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

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 to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were 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 18 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 and telephone appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.

Timely access to care and treatment

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

Good

Are services responsive to people's 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.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. The exception was 94% of respondents gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" This compared to the CCG average of 63% and the national average of 71%.

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.

- On the day of the inspection, information about how to make a complaint was not on display as the practice had taken it down temporarily to create a display about the General Data Protection Regulation and how it affected patients. The complaints information was added back to the information board during the inspection. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice discussed complaints at practice meetings and learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

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

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.
- Staff we spoke with told us 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. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice were becoming a training practice and a registrar and advanced nurse practitioner were joining the practice shortly. In order to develop the practice and build on the services already provided, practice leaders told us they wanted to expand the practice. They wanted to develop an unused area on the first floor to include a clinic room, waiting room and to re-arrange the sluice and waste areas.
- 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 stated they felt respected, supported and valued. They were proud to work in the practice. 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.
- The practice focused on the needs of patients and planned and considered their services to improve patient outcomes and satisfaction.
- 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. We saw evidence the practice apologised to patients when things went wrong.
- 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.
- There was a strong emphasis on the safety and well-being of all staff and positive relationships between staff and teams.
- 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.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Good

Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- We saw 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 an audit programme and carried out two cycle audits to ensure quality and safety were checked.
- The practice had plans in place 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 all 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 an active Patient Participation Group which worked closely with the practice to make improvements for patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The practice compared its performance to other practices and targeted areas where it was performing less well. For example, by reducing non elective emergency admissions, accident and emergency attendances and improving efficiency and use of resources.
- 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 and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.