Castle Medical Practice

Quality Report

Rochester Community Healthy Living Centre
Delce Road Rochester Kent ME1 2EL
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Date of inspection visit: 6 February 2018
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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 service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Castle Medical Practice on 6 February 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- 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.
- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. Care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice demonstrated continuous learning and improvement at all levels of the organisation.

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

- Continue to implement revised processes to help ensure all relevant checks are carried out on all staff, including locum staff employed directly, on recruitment.
- Maintain records to demonstrate all relevant staff have received chaperone training.

Summary of findings

- Calibrate all clinical equipment in line with manufacturer's recommendations.
- Continue to identify patients who are also carers to help ensure they are offered appropriate support.

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

Castle Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Castle Medical Practice

- The registered provider is Castle Medical Practice.
- Castle Medical Practice is located at Rochester Community Healthy Living Centre, Delce Road, Rochester, Kent, ME1 2EL. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice website address is www.castlemedicalpractice.org.uk.
- As part of our inspection we visited Castle Medical Practice, Rochester Community Healthy Living Centre, Delce Road, Rochester, Kent, ME1 2EL only, where the provider delivers registered activities.

Castle Medical Practice has a registered patient population of approximately 3,500 patients. The practice is located in an area with an average deprivation score.

Good

Are services safe?

Our findings

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

Safety systems and processes

The practice had systems to help keep patients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Staff received up-to-date safeguarding training appropriate to their role. Staff we spoke with knew how to identify and report concerns.
- The practice 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 practice carried out checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis for substantive staff. The practice was unable to demonstrate references were obtained for one locum member of staff employed directly. However, after our inspection the practice sent us evidence to demonstrate that they had revised the way they recruited locum staff directly to help ensure all relevant checks, including obtaining references, were carried out on recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones had received a DBS check. Staff who acted as chaperones told us they had received training for the role. The practice was unable to demonstrate they held records to show that one member of staff who acted as a chaperone had received training for the role. However, after our inspection the practice wrote to advise us that the member of staff for whom they did not have a record of their chaperone training was due to attend the next locally available chaperone training session. They also advised us that in the meantime that member of staff would not act as a chaperone.
- There were systems to manage infection prevention and control as well as safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We found one piece of clinical equipment (a blood pressure monitor) in a GP home visit bag that was not up to date with calibration. However, after our inspection the practice wrote and told us that this piece of equipment had been disposed of and only calibrated equipment was now being used.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for 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. Clinicians knew how to identify and manage patients with severe infections. For example, 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 the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Incoming correspondence was triaged by administration staff and allocated to clinical staff for review and subsequent action if necessary. Written guidance was available to help guide staff with this process. For example, the letters and results protocol.

Good

Are services safe?

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to help ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and available to staff.
- There were comprehensive risk assessments in relation to safety issues.
- The practice 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

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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. For example, staff received refresher training after an incoming letter was scanned into the wrong patient's medical records.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to help 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' 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:

This population group was rated good because:

- Older patients who were frail or may have been vulnerable received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. The practice ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

This population group was rated good because:

- 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.

Families, children and young people:

This population group was rated good because:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.

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

This population group was rated good because:

- The practice's uptake for the cervical screening programme was 83%, which was comparable to the local CCG average of 83% and national average of 81%. There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.
- 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:

This population group was rated good because:

- 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 and those with a learning disability.

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

This population group was rated good because:

- Performance for mental health related indicators was better than local CCG and national averages. For example, 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared with the local CCG average of 78% and national average of 84%. Ninety five percent of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 86% and national average of 90%. Ninety five percent of patients with schizophrenia,

bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to the local CCG average of 90% and national average of 91%.

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.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 97%. (QOF is a system intended to improve the quality of general practice and reward good practice. The overall exception reporting rate was 12% compared with a national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Data from 2016/2017 showed;

- Performance for diabetes related indicators was higher than local clinical commissioning group (CCG) and national averages. For example, 86% of the practice's patients with diabetes, on the register, had a last blood pressure reading of 140/80 mmHg or less compared with the local CCG average of 75% and national average of 78%.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was supporting the delivery of minor illness clinic run by the local CCG. The practice also participated in a range of studies. For example, a study of asthma patients, a study of patients with low body mass index as well as a study of stress in NHS employees.

There was evidence of clinical audits driving quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, an audit of specific pain killing medicine in elderly patients with heart failure. The practice had analysed the results and implemented an action plan to address its findings. Records showed this audit had been repeated to complete the cycle of clinical audit.
- Other clinical audits had been carried out. For example, an audit of kidney function checks carried out on patients prescribed certain blood thinning medicine. The practice had analysed the results and implemented an action plan to address its findings. Records showed this audit had been repeated to complete the cycle of clinical audit.

Effective staffing

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

- 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.
- With the exception of chaperone training, records showed that staff were up to date with relevant training. For example, infection control training and fire safety training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The practice 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 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

Good

Are services effective?

(for example, treatment is effective)

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.

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 health.
- 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.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Incoming telephone calls and private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a room was available near the reception desk should a patient wish a more private area in which to discuss any issues.
- All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and fifteen surveys were sent out and 117 were returned. This represented about 3% of the practice's registered patient population. The practice was above average for its satisfaction scores on consultations with GPs and average for its satisfaction scores on consultations with nurses. For example:

- 98% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 93%; national average - 96%.
- 94% of patients who responded said the last GP they spoke with was good at treating them with care and concern; CCG– 80%; national average - 86%.
- 85% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 90%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand. For example, communication aids were available.

The practice supported patients who were also carers. The practice's computer system alerted staff if a patient was also a carer. The practice had identified 24 patients on the practice list who were carers (0.7% of the practice list). The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 80% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 75%; national average - 82%.
- 85% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 85%; national average - 85%.

Good

Are services caring?

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Incoming telephone calls and private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a room was available near the reception desk should a patient wish a more private area in which to discuss any issues.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the patient 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. The practice took account of patients' needs and preferences.

- The practice understood the needs of its patient population and tailored services in response to those needs. For example, online services such as repeat prescription requests, advanced booking of appointments, and advice services for common ailments.
- Some walk-in appointments were available on the day for patients registered at Castle Medical Practice.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated good because:

- 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 telephone consultations, home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

This population group was rated good because:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- Urgent access appointments were available for those with serious medical conditions.
- 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:

This population group was rated good because:

- 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 attendances.
- Appointments were available outside of school hours.
- 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):

This population group was rated good because:

- 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, influenza clinics were offered on some Saturdays.
- Appointments were available outside of normal working hours.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

This population group was rated good because:

- There were longer appointments available for patients with a learning disability.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.

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

This population group was rated good because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held a register of patients experiencing poor mental health (including people with dementia). The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.

Timely access to the service

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was at or above local and national averages. This was supported by completed comment cards.

- 72% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 80%.
- 72% of patients who responded said they could get through easily to the practice by telephone; CCG – 60%; national average - 71%.
- 67% of patients who responded said that the last time they wanted to speak with a GP or nurse they were able to get an appointment; CCG - 67%; national average - 76%.
- 67% of patients who responded described their experience of making an appointment as good; CCG - 64%; national average - 73%.

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 and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints had been received in the last nine months. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, customer service training was provided to staff following a complaint about poor staff attitude.

Are services well-led?

Good

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

Our findings

We rated the practice, and all of the patient population groups, as good for providing a well-led service.

Leadership capacity and capability

On the day of inspection the partners told us they prioritised high quality and compassionate care. Staff told us the GP partners and practice manager were approachable and always took the time to listen to all members of staff.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

There was a clear leadership structure and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager in the practice.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose which reflected the vision and values.
- All of the staff we spoke with were aware of the practice's vision or statement of purpose.

Culture

The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP partner encouraged a culture of openness and honesty.

The practice had systems to help ensure that when things went wrong with care and treatment:

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.

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

- The practice focused on the needs of patients.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff and teams.

Governance arrangements

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

- There were structures, processes and systems to support good governance and management.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained

Managing risks, issues and performance

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

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had processes to manage current and future performance.
- The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken.

Are services well-led?

Good

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

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- 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 valued feedback from patients, the public and staff.

- The practice gathered feedback from patients through the patient participation group (PPG) and by carrying out surveys, analysis of the results from the GP patient survey as well as results from the NHS Friends and Family Test.
- The practice had also gathered feedback from staff through staff meetings, surveys appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions about how to run and develop the practice, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accidents and significant events.