

VH Doctors Ltd - Purfleet Care Centre

Inspection report

Purfleet Care Centre
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Purfleet
Essex
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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?

Requires improvement 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating July 2017 – Requires improvement)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Good

We carried out an announced comprehensive at VH Doctors Ltd on 30 July 2018 as part of our inspection programme to follow up concerns previously highlighted in the July 2017 inspection.

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 it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice had clear governance arrangements and staff understood their roles and responsibilities.
- National data showed that the practice was performing in line with national averages for most indicators. Where the practice had performed below national average they had acknowledged it and worked on improving the outcomes.
- The systems for managing and storing medicines, medical gases, emergency medicines and equipment, minimised risks. The system for storing vaccinations was ineffective. We found staff had not regularly documented checks on the fridge where vaccinations were stored. The practice had assessed the process of recording fridge temperatures and put in place a staff rota. We found there had been an improvement.
- Safety risk assessments had been completed however in some cases the actions highlighted in the assessments had not been completed.

- There was an effective system for receiving and actioning patient safety and medicine alerts.
- The practice had identified 0.3% of its practice list as carers by highlighting them during registration and clinical consultations.
- The practice had considered the type of equipment for use in the treatment of patients during a medical emergency. For example, the practice was equipped to deal with sepsis.
- Data from the national GP patient survey published in July 2018 showed there had been an increase in patient's satisfaction with regards to the care they had received. Yet patients were still dissatisfied with the access to the service.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The uptake for childhood immunisations was below the local and national average.
- The practice had an active patient participation group who were positive about the support and improvements the service had made.
- The practice had received 16 CQC comment cards, 12 were positive about the care and treatment patients had received and four had mixed reviews in relation to their ability to make contact with the practice by phone.

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

- Establish effective systems to complete action plans as a result of risk assessments.
- Strengthen systems for monitoring medicines and vaccines that require storing in a fridge.
- Improve childhood immunisation uptake.
- Improve patient satisfaction in relation to appointments and contacting the surgery by telephone.
- Improve the process for the identification of carers.

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 CQC Lead Inspector, supported by a GP specialist adviser and a nurse specialist adviser.

Background to VH Doctors Ltd - Purfleet Care Centre

The practice is part of Virgin Care. It is based in an area with mixed housing and industrial buildings. The practice is the only GP service for the area and the building is shared with other community organisations, the current list size is 5991. There is an onsite car park and good transport links in the locality.

- The practice operates from a single location: Tank Hill Road, Purfleet, Essex.
- Services provided include: a range of clinics for long term conditions and health promotion and screening.
- At the time of inspection, the practice had three male GPs, one salaried and two long term locums. The GPs were supported by an all female nursing team which consists of an advanced nurse practitioner and a practice nurse.
- The non-clinical team comprises of a practice manager, reception and administrative staff.
- The practice opens between 8am and 6.30pm Monday to Friday. Appointments are offered from 8am to 12.40am and from 1.45pm to 6.20pm Monday to Friday.

- On evening, weekends and bank holidays out of hours care is provided by IC24, another healthcare provider. This can be accessed by patients dialling 111.
- Thurrock Clinical Commissioning Group (CCG) has a weekend system called 'Thurrock Health Hubs'. Patients are able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hub' locations.
- The practice has a comprehensive website providing information on opening times, appointments, services, staff and patient group information.
- The practice area demographic comprises of mainly white British, with other nationalities including Eastern European and Afro-Caribbean.
- There are higher than local and national average levels of income deprivation affecting children and older people.
- The practice serves a higher population of working age people.

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. 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 but this required strengthening. An annual audit had been completed however some required actions had not been completed.
- The practice had arrangements to ensure that facilities and equipment were safe and 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.

- The practice had arrangements 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. Although the practice had arrangements in place, they had highlighted the difficulties they had faced with staffing during the year. Regular locums were employed to reduce the challenges to meet patients needs.
- 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 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.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, medical gases, emergency medicines and equipment, minimised risks.
- The system for storing vaccinations was ineffective. We found staff had not regularly documented checks on the fridge where vaccinations were stored. The practice had assessed the process for monitoring fridge temperatures and had implemented a staff rota. Since March 2018 we found there was a more consistent approach to documenting fridge temperatures.
- 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 acted 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.

Track record on safety

The practice had a good track record on safety.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues. Risk assessments had been carried out however some actions had not been completed as building improvements were carried out by NHS service properties. We saw evidence that the practice had logged actions that needed to be completed after the risk assessments had been carried out.
- The practice monitored and reviewed safety using information from a range of sources.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The practice had a history of well documented incidents and staff were openly encouraged to log all incidents on their computer system.
- 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Please refer to the evidence tables for further information.

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 are 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 six monthly 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 were not outliers for other quality indicators relating to long term conditions.

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90% or above. The practice was aware of this and felt it was due to inconsistency in nursing staff. As a result they had encouraged two locums to work regularly at the practice to improve immunisation uptake.
- 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):

- The practice's uptake for cervical screening was 71%, which was in line with 80% coverage target for the national screening programme. Practice had started provided patients with key information to increase the uptake.
- The practice's uptake for breast and bowel cancer screening was in line with 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.

Are services effective?

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

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. Although GPs had carried out regular quality improvement activity, there was no evidence that the nurses were carrying out audits relevant to their role.

- 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. 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.

Helping patients to live healthier lives

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

Are services effective?

- 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.
- 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.
- Staff had carried out Mental Capacity Act training and had good knowledge of the subject during the inspection.
- 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.

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 treat people.
- Staff understood patients' personal, cultural, social and religious needs. The GP at the practice was able to speak another language to help support some patients whose first language was not English.
- The practice gave patients timely support and information.
- The practice's national GP patient survey results published in July 2018, were in line with local and national averages for questions relating to kindness, respect and compassion. We were unable to compare the data from the July 2017 survey as the questions to the public had changed from the previous year, but the data for 2018, reflected that patients were satisfied with the services provided.

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). Leaflet and signs were advertised in the waiting area informing patients of the accessible information standards.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- 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 had held coffee mornings and carers days to encourage and provide supportive services for carers.
- The practice proactively identified carers and supported them however they found it difficult to identify new carers. The practice thought it was due to the small population of elderly patients.
- The practice's national GP patient survey results published in July 2018 were in line with the 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. Receptionists we spoke with on the day told us they try not to ask sensitive information when a patient is at the desk.
- 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.

Are services responsive to people's needs?

We rated the practice, as requires improvement for providing responsive. The practice have been rated as good for providing responsive services to all population groups.

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. The practice told us they were actively working on determining the populations needs to improve the services they provide to their patients,
- Telephone 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 practice made reasonable adjustments when patients found it hard to access services. For example, the practice was able to offer evening and weekend hub appointments if patients were unable to attend the surgery.
- The practice provided effective care coordination for patients who are more vulnerable or who have 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. Patients feedback we received highlighted that they usually did not get to see the GP that they wanted to see, even if they were told to book a follow up appointment with the same GP.
- 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 communicated 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 or an appointment at the out of hours hub service.

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 weekend 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.

Are services responsive to people's needs?

- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients reported they were not able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment. Patients we spoke with said they usually found it difficult to obtain an appointment.
- Waiting times, delays and cancellations were minimal and managed appropriately. We spoke with patient who told us that if there was a delay with waiting times then staff would keep them informed.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was difficult to use. Although patients had noticed an improvement since the new telephone system had been installed they still felt it was very difficult to get through to the practice on the phone.

- Some of the practice's national GP patient survey results, published in July 2018, were below local and national averages for questions relating to making an appointment and contacting the practice by phone. Patients satisfaction levels had not been reflected in the July 2018 patient survey data following the improvements that the practice had put in place since July 2017.

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. 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 also from analysis of trends.

Please refer to the evidence tables for further information.

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. The practice had experienced high staff turnover in the past and they were focused on providing continuity of care for their patients by ensuring they employed long term locums and a salaried GP.
- 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.
- 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.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff 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 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.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- 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 processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Are services well-led?

- 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. For example, the practice had created a plan to review their QOF outcomes quarterly to ensure performance was being managed.
- 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. The practice used all methods to capture the views of patients to help improve on patient satisfaction.
- 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, staff were encouraged to carry out training and continue professional development.
- 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.