

Mere Lane Group Practice

Quality Report

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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	

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 14 April 2015– 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 recently 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 Mere Lane Group Practice on 28 March 2018 as part of our routine inspection programme.

At this inspection we found:

- The practice had experienced difficulties with staffing over the past two years, including the loss of three GPs and their nursing team due to various reasons. The practice was now under a changed partnership and despite several setbacks had maintained the quality of care for patients and the safety of the practice. They had managed to secure two new partners, a new practice manager and nursing team.
- The practice recognised that their performance had suffered in terms of contractual performance targets and patient satisfaction with appointments because of the upheaval in change of staff structure. The practice was addressing this situation and had a set of strategic plans to improve.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Care Quality Commission (CQC) comment cards reviewed indicated that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Results from the national GP patient survey from July 2017 showed that patients' satisfaction with how they

Summary of findings

could access care and treatment was lower than local and national averages. The practice was aware of the results and had redesigned the appointment system. Urgent appointments were available the same day.

- There was a clear leadership structure and staff felt supported by management. The practice had recently achieved a Health and Wellbeing award. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware and acted on the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice had a recall system for health reviews managed by a dedicated administrator who ensured that patients' alcohol status and smoking status were recorded during the phone call to make the appointment as opposed to during the consultation.

- The practice had carried out a review of its safeguarding practices and appointed the clinical practitioner as the deputy safeguarding lead who had two sessions a month dedicated to reviewing all safeguarding cases and updating any registers.

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

- Maintain the overview and plans in place to improve on their quality outcomes framework results (QOF).

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Mere Lane Group 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.

Background to Mere Lane Group Practice

Mere Lane Group Practice provides GP services for approximately 6800 patients in a very deprived area of

Liverpool. The practice is situated in a purpose built health centre which houses two other GP practices, community health care clinics and a pharmacy. The majority of the patient population is British.

The practice has four GP partners, one salaried GP and one long term locum GP, two practice nurses, a clinical practitioner and a healthcare assistant. Clinicians are supported by a practice management team and reception and administration staff.

The practice is open during the week, between 8.30am and 6.30pm. Patients can access out of hours by calling NHS 111.

The practice is part of Liverpool Clinical Commissioning Group (CCG) and holds a General Medical Services (GMS) contract with NHS England.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had reviewed their systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. All staff received up-to-date safeguarding and safety training appropriate to their role. The practice had a safeguarding lead and the clinical practitioner was the deputy who had designated time twice a week to manage the practice safeguarding issues. The practice held regular safeguarding meetings attended by a health visitor.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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 were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

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.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The practice had emergency equipment including oxygen and a defibrillator.
- 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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable 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 worked with the local medicines management team and had audited antimicrobial prescribing and high risk medication.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The practice was participating in a local pilot for patient direct ordering. The practice had a dedicated member of staff to support patients with their repeat prescriptions.
- The practice had a significant negative variation in its prescribing rates for hypnotic medications compared to other practices. We discussed this with the practice. They told us this was due to a high number of patients from other areas or services who had historically been prescribed this medication. The practice monitored their prescribing and prescribed appropriately.

Are services safe?

Track record on safety

The practice had a good safety record.

- 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 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 carried out six monthly significant event meetings to identify any trends and discuss learning points.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

Once patients were registered with the practice, the healthcare assistant or practice nurse carried out a full health check which included information about the patient's individual lifestyle as well as their medical conditions. The patient was referred to the GP when necessary.

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. Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Patients aged over 75 all had a named GP and were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice offered home visits by the GP, practice nurse or healthcare assistant.
- The healthcare assistant and three other members of the administration team had been trained as a care navigator to signpost patients to local support groups.
- The practice worked with the medicines management pharmacist to carry out medication reviews for patients residing in local residential and nursing homes.
- The practice worked with the local commissioning group's MDT team.

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.

- The practice had a recall system for health reviews managed by a dedicated administrator who ensured that patients' alcohol status and smoking status were recorded during the phone call to make the appointment as opposed to during the consultation.
- The practice worked with the local diabetic nursing team.

Families, children and young people:

- Immunisation clinics were held twice a week but also allowed for opportunistic immunisations.
- The practice has a clinical practitioner whose specialism was paediatrics.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Some uptake rates for the vaccines given were lower than the target percentage of 90% in 2016-2017. However, this was in part due to changes in the nursing team. The practice had taken on a new practice nurse who was being trained in immunisations and the practice was supported by a local nursing team to cover any additional work in this period. Non verifiable data demonstrated an improvement in immunisation rates.

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

- The practice's uptake for cervical screening was 61%, which was not in line with the 80% coverage target for the national screening programme. Changes in the nursing team and the time taken to allow training had had an impact on the practice's performance in this area.
- 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 regular Gold Standard Framework meetings and there was a lead GP who coordinated this work.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Are services effective?

(for example, treatment is effective)

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

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was lower than the national average (83%).
- 66% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was significantly lower than the national average (90%).
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 77%; CCG 90%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 86%; CCG 96%; national 95%).

The practice had a high prevalence of patients experiencing mental health issues and was aware of their performance figures. The local mental health team had begun working with the practice to help review any hard to reach patients and offer additional support to the practice.

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 practice participated in the Quality and Outcomes Framework system (QOF). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The most recent published Quality Outcome Framework (QOF) 2016 results were 79% of the total number of points available. The overall exception reporting rate for clinical indicators was 6% 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.) This practice was an outlier for several QOF (or other national) clinical targets. For example some diabetes targets and mental health.

The practice recognised that their performance had suffered in terms of contractual performance targets because of the upheaval in change of staff structure but we saw the practice was in the process of turning this situation around and we were reassured by a set of strategic plans to improve.

The practice was actively involved in quality improvement activity and carried out a variety of administrative audits such as looking at hospital letters, medicines audits and clinical audits. For example, minor surgery audits and an audit on thyroid medications. The practice participated in local pilot projects to help streamline systems and improve outcomes for patients.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation were in the process of receiving specific training.

- 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. For example, one of the administration staff had been trained to be a health care assistant.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.

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.

Are services effective?

(for example, treatment is effective)

- 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. Staff had been trained as care navigators to help signpost patients to support services.
- 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, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance. There was a practice policy and 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.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. However, there were two negative comments, one about appointments and the other about the telephone system not being able to cope with the demand and that staff were not helpful when trying to get through to the practice.
- Results of the NHS Friends and Family Test from five results in February 2018 showed that three patients were extremely likely to recommend the service, one likely and one unlikely to recommend.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. From 386 surveys sent out, 86 were returned. This represented about 1% of the practice population. Results were in line with local and national averages. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients who responded said the GP gave them enough time (CCG average 89%; national average 86%).
- 97% of patients who responded said they had confidence and trust in the last GP they saw (CCG average 96%; national average 95%).
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 88%; national average 86%).
- 83% of patients who responded said they found the receptionists at the practice helpful (CCG average 88%; national average 87%).

Involvement in decisions about care and treatment

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

- 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 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.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The health care assistant had produced a variety of information packs for patients. For example, for military veterans when they required extra support.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 224 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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:

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments (compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%).
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 84%; national average 82%).

Are services caring?

- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 92%; national average 90%).
- 93% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%; national average 85%).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across 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. For example, online services such as repeat prescription requests and advanced booking of appointments.
- The practice was currently re-designing its appointment system to offer more pre bookable appointments for working patients who needed to plan their appointments.
- 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:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.

People with long-term conditions:

- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people:

- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics and provided immunisations.
- The practice had paediatric asthma review clinics during school holidays to minimise disruption to schooling.

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

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked with the local alcohol and drug recovery team.

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations.

Timely access to the service

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

The practice was open between 8am to 6.30pm Monday to Friday.

Results from the national GP patient survey from July 2017 showed that patients' satisfaction with how they could access care and treatment was lower compared with local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 56% of patients said they could get through easily to the practice by phone (CCG average 75%, national average of 71%).
- 61% of patients described their experience of making an appointment as good (CCG average 77%, national average of 73%).
- 80% of patients who responded said their last appointment was convenient (CCG average 83%, national average 81%).
- 43% of patients who responded said they don't normally have to wait too long to be seen (CCG average 60%, national average 58%).

The practice was aware of the low satisfaction rates and was currently in the process of redesigning their appointment system to also include more online availability and pre bookable appointments.

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.
- Complaints were discussed at staff meetings so that any learning points could be cascaded to the team.

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 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 had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They 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.

Vision and strategy

- The practice had experienced difficulties with regards to staffing over the past two years which had included the loss of three GPs and their nursing staff due to various reasons. The practice was now under a changed partnership and despite several setbacks had maintained the quality of care for patients and the safety of the practice. They had managed to secure two new partners, a new practice manager and nursing team. The practice had worked to develop a set of strategic plans to improve its services in line with NHS Five Year Forward view and involved staff in the discussions.
- 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 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 consistent 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.
- There was a strong emphasis on the safety and well-being of all staff and the practice had achieved a Health and Wellbeing award in January 2018.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality and had a range of policies. Staff had received equality and diversity training. 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. The practice had a new practice manager who had revised all policies and procedures and set up monitoring systems to ensure all staff were appropriately trained and to ensure the safety of the practice.

Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

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.
- The practice had processes to manage current and future performance. Performance of clinical staff could be demonstrated, for example by comprehensive audits of their consultations. Practice leaders had oversight of MHRA 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.

Are services well-led?

Good 

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

- The practice had business contingency plans and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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 information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice had struggled to maintain a Patient Participation Group (PPG). The practice sought patient feedback by a variety of other means such as utilising the Friends and Family test. The practice acted on patient feedback, for example they were in the process of reorganising the appointment system to meet patient demand. The practice listened to staff for example; the practice had implemented a new system to monitor the collection of prescriptions by pharmacies so that a clear audit trail of prescriptions issued was maintained.

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.
- 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.