

# Central Park Medical Centre - AP Powell (Senior Partner)

## Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous rating January 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Central Park Medical Centre on 16 October 2018 as part of our inspection programme.

At this inspection we found:

- The practice had 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. 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 generally they were able to access care when they needed it.
- There were systems in place to mitigate safety risks including health and safety, infection control and dealing with safeguarding.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice reviewed and considered patient views through surveys and an active patient participation group (PPG).
- Staff worked well together as a team, knew their patients well and all felt supported to carry out their roles.

- There was a strong focus on learning and improvement at all levels of the organisation.
- The provider was aware of the requirements of the duty of candour.

We saw areas of outstanding practice for children and young people:

- The practice had a higher than national average number of young patients (Under 18years). Care for children and young people was led by the practice's Paediatric Advanced Nurse Practitioner (PANP). The introduction of this role had led to improved care of children and young people provided by a fully qualified paediatric clinician. This also freed up GP time to see other patients. We saw examples of how outcomes for children and young people with both physical and mental ill health were improved.
- The PANP identified a number of children and young people presenting with medical conditions that were impacting on their overall health and well-being. They worked with and enrolled children and young people onto programmes with the Underground Training Station to undertake specific and targeted fitness and health and wellbeing programmes. We were told and saw feedback from parents that children's confidence, mental health and physical health had all improved greatly as a result.
- The practice were the providers of clinical and governance support for the area's children and young adult's hospice. They provided GP on call cover daily and visiting when needed. They also provided support to hospice staff in governance and non-medical prescribing.

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

- Review the practice's systems for checking and monitoring equipment considering relevant guidance and ensure that all equipment is well maintained, in particular, items in the trainee GP's bag.
- Review the procedures for fully documenting action taken in response to safety alerts.

## Population group ratings

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

## Our inspection team

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

## Background to Central Park Medical Centre - AP Powell (Senior Partner)

Central Park Medical Centre is registered with the Care Quality Commission to provide primary medical services. The practice is registered as a location under the provider Central Park Medical Centre - AP Powell (Senior Partner).

Central Park Medical Centre holds a Personal Medical Services (PMS) contract with NHS England.

The practice team consists of eight GPs, a paediatric advanced nurse practitioner, an advanced nurse practitioner, five practice nurses, two healthcare assistants, two practice pharmacists, management team, reception and administration staff.

The total practice list size is 10,500. The practice is part of Wirral Clinical Commissioning Group (CCG). The practice population is made up of a higher than average younger patient population aged under 18 years old. The practice is located in an area of high deprivation

It is registered to provide the following regulated activities:

Diagnostic and screening procedures

Family Planning

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Extended hours services are available.

Out of hours primary medical services are accessed by calling NHS 111

# 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 robust 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. The practice held internal safeguarding meetings as well as attending external ones. Vulnerable adults and children were closely monitored.
- A safeguarding audit, using a recognised audit tool, had been undertaken with the practice scoring well and fully compliant with all the relevant criteria.
- 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. Some clinical rooms had carpet flooring, however the provider had reviewed this and had plans in place to refurbish and replace carpets with suitable floor covering in all clinical rooms.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, we found one item in the trainee GP bag that had been missed from the annual calibration programme. This was taken out of use immediately until it was checked.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- 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 reliable systems for appropriate and safe handling of medicines. Two practice pharmacists were employed who implemented and monitored the systems and processes for medicines management.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and 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

## Are services safe?

The practice had a good track record on safety.

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

### **Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- 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 acted to improve safety in the practice. Documentation of actions taken was not always clear, following the inspection the practice reviewed the process and showed us new documentation that clearly identified actions taken, completed and by whom.

- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. Actions taken in response to safety alerts was not always documented.

**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. Except for families, children and young people population group which we rated outstanding.**

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

### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medicines.
- 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.
- Older patients who were vulnerable due to their health needs had access to a specified emergency contact number for the practice.
- Staff could signpost older patients to external support groups and agencies.

### 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 clinical staff 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).
- GPs and the practice pharmacists carried out planned reviews on patients with long term conditions and those who were on 10 or more medicines.

### Families, children and young people:

- The practice had a higher than national average number of young patients (Under 18 years). The practice Paediatric Advanced Nurse Practitioner (PANP) cared for and treated children and young people well with improved outcomes seen. Patients, and in particular parents of the younger patients, recognised the value of this role and feedback that care and treatment was excellent. The PANP identified several children and young people presenting with medical conditions that were impacting on their overall health and well-being. They worked with and supported children and young people onto programmes with the Underground Training Station to undertake specific and targeted fitness and health and wellbeing programmes. We were told and saw feedback from parents that children's confidence, mental health and physical health had all improved greatly as a result.
- The practice provided clinical support for the area's children and young adults hospice. They provided GP on call cover daily and visiting when needed. They also provided support to hospice staff in governance and non-medical prescribing.
- Childhood immunisation uptake rates were higher than the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following a missed appointment in secondary care or for immunisation.
- The practice had robust systems in place for safeguarding children and young people.

# Are services effective?

- Patients had access to antenatal care and cervical cancer screening.

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

- The practice's uptake for cervical screening was comparable to the national and CCG averages. The practice showed us information which demonstrated this year's uptake had increased and was above the national target of 80%. This year's information has not yet been verified or published.
- 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.
- Extended hours surgeries were available for those patients who could not attend during normal working hours.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, drug and alcohol misuse and those with a learning disability.
- Patients had access to and were signposted to various other health and social care services such as social services, health visitors and crisis teams.
- Regular multi-disciplinary meetings were held to coordinate care for those people who were vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity,

obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medicines.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patient feedback told us the practice cared for those with mental illnesses well.
- 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, including through clinical audit. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements. The most recent published (2016/2017) Quality Outcome Framework (QOF) results were 99% of the total number of points available which was in line with national and CCG averages.
- Data produced by the practice demonstrated an increase in achievement in QOF for this year (2017/2018). This data had not yet been verified or published

## 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.
- Staff whose role included assessment and triage of patients to identify the most appropriate clinician for them to see had received training in care navigation.



# Are services effective?

- 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, mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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

- The practice identified patients who may need 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 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.
- 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 very positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with or above local and national averages for questions relating to kindness, respect and compassion.

## **Involvement in decisions about care and treatment**

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

- Staff communicated with people in a way that they could understand, for example, communication aids 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 proactively identified carers and supported them.
- The practice's GP patient survey results were in line with or above local and national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Appointments were available each day through the triage system. Pre-bookable appointments were also available.
- Staff dealing with patients either face to face or by telephone had been trained in care navigation in order to identify the most appropriate clinicians for patients to see.
- 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.
- 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, in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients who had enhanced needs had access to an emergency telephone line at the practice.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held regular meetings with the local district nursing team 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.
- The practice had employed a Paediatric Advanced Nurse Practitioner (PANP) to care for and treat children and young people from age 0 – 16 years old.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and telephone consultations.

### 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.
- The practice identified and alerted those at risk of dementia. These patients were then offered screening.

## Timely access to care and treatment

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

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

## Are services responsive to people's needs?

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that generally the appointment system was easy to use. The practice operated a triage system and patients could access same day appointments/urgent appointments and home visits or pre-book one for a convenient time or day with a doctor of their choice.
- The practice's GP patient survey results were in line or above local and national averages for questions relating to access to care and treatment.

### **Listening and learning from concerns and complaints**

The practice took formal written 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 revised complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from the analysis of trends. It acted as a result to improve the quality of care.

# 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.
- 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. Staff were able to articulate the aims of the service.
- 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 had received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. 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 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. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on the 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.
- The practice considered and understood the impact on the quality of care of service changes or developments.

# Are services well-led?

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were 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 (PPG) who worked well with the practice, carried out surveys and held informative open days. The PPG felt listened to and gave details of improvements made as a result of suggestions and ideas.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The practice was a training practice and regularly had trainee GPs and medical students working with them.
- 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.**