Church Street Surgery

Inspection report

57 Church Street
Hunslet
Leeds
West Yorkshire
LS10 2PE
Tel: 01132711884

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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.

Dr Shahzad Hussain has been registered as an individual with the Care Quality Commission since December 2016. (An inspection was undertaken in June 2017 when the practice was rated as good overall.) However, since February 2018 the registration was amended to become a partnership between Dr Shahzad Hussain and Dr Nazima Hussain.

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

As part of our inspection programme, we carried out an announced comprehensive inspection at Church Street Surgery on 14 August 2018.

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 could evidence safe and effective prescribing in line with local and national guidance.
- There were comprehensive systems in place to support safe and effective management of the practice.
- We saw that an emergency telephone protocol had been developed, which included symptoms to be aware of relating to sepsis and how concerns should be responded to. The protocol had been shared with other practices locally.
- There was a focus on continuous learning and improvement. The practice had developed a diabetic foot screening protocol which had been presented locally with a view to being adopted by other practices.
- The practice regularly reviewed demand and capacity regarding the appointment system. Patients reported that they were able to access care when they needed it and were positive about the practice.
- The practice engaged with other local providers of health and social care to respond to patients' needs. For example, the development of a 'dressings hub' to support patients who required urgent dressings post discharge.

The area where the provider **should** make an improvement is:

- Put measures in place to ensure the plug for the vaccine refrigerator could not be accidently removed or turned off.

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

Please refer to the detailed report and the evidence table for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

Background to Church Street Surgery

Church Street Surgery is the provider of the practice which is located at 57 Church Street, Hunslet, Leeds LS10 2PE, in the south east area of Leeds. The practice premises are owned by the GP partners. There is a small car park for staff and patients and nearby on street parking.

The National General Practice Profile shows the level of deprivation within the practice demographics being rated as one. (This is based on a scale of one to ten, with one representing the highest level of deprivation and ten the lowest.) The patient population are mainly white British, with 88% of patients being under the age of 65 years.

The provider is contracted to provide Primary Medical Services (PMS) to a registered population of approximately 1,971 patients. The current provider has seen an increase of over 330 new patients since June 2017.

The provider is registered with the Care Quality Commission to provide the following regulated activities: diagnostic and screening procedures; treatment of disease, disorder or injury and maternity and midwifery services

The practice clinical team is made up of two GP partners (one male, one female) and one practice nurse. They are supported by a practice manager and a small team of administration and reception staff. The practice has access to a locality healthcare assistant.

Opening times for Church Street Surgery are 8am to 6pm Monday to Friday, with the exception of Wednesday when they are open from 7am.

Routine and urgent appointments are available, along with telephone consultations as appropriate. When the practice is closed out-of-hours serviced are provided by Local Care Direct, which can be accessed by calling the NHS 111 service.

We saw that the ratings from the previous inspection were displayed in the practice. The practice does not have their own website.

Good

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.
- All staff who acted in the capacity of a chaperone had been trained 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 (IPC). Actions identified from an IPC audit undertaken at the provider's other location in April 2018 had also been applied to Church Street Surgery. A subsequent self-assessment IPC audit had been undertaken in June 2018 at this practice to ensure all areas were compliant. There had been some areas relating to the cleaning standards of the premises, which were being addressed with the contracted cleaning company.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, we saw that the plug for the vaccine refrigerator could accidently be switched off or unplugged. We were assured by the practice they would urgently resolve this issue.
- 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. Staff knew how to identify and manage patients with severe infections including sepsis. We saw that an emergency telephone protocol had been developed for reception staff, which included symptoms to be aware of relating to sepsis and how concerns should be responded to. The protocol had been shared with other practices locally.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We were informed that community staff, not employed by the practice, were unable to commit to regular multidisciplinary meetings. However, we were assured that information was shared with other healthcare professionals and patients' records updated with relevant information.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Medicines were prescribed, administered or supplied to patients in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial

management in line with local and national guidance. Quarterly antibiotic prescribing audits were undertaken. We saw evidence that the practice was performing better than some local practices regarding appropriate antibiotic prescribing.
- There was a patient-centred approach regarding how their health and prescribed medicines were reviewed and monitored.
- Those patients who were prescribed high risk medicines received regular reviews in line with national guidance.
- The practice had access to a pharmacist as part of the extended team, who supported them with safe and effective medicines management.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.
- There was a system in place to manage patient safety alerts. These were cascaded to staff, discussed in clinical meetings and actioned as appropriate. We saw the practice had taken action in response to Medicines and Healthcare Products Regulatory Agency (MHRA) drug safety alerts.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for reporting and recording any areas of concerns. Staff were encouraged to raise concerns, report incidents and near misses.
- 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 local Clinical Commissioning Group (CCG) supported the practice to positively report any incidents to share learning across the Leeds health economy.

Please refer to the evidence table for further information.

Good

Are services effective?

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

Any Quality and Outcomes Framework (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

The practice had systems to keep clinicians up to date with current evidence-based practice.

- Patients' immediate and ongoing needs, including their physical and mental wellbeing, were fully assessed by clinicians. Care and treatment were delivered in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols. There was no evidence of discrimination when clinicians made care and treatment decisions.
- Clinical templates were used, where appropriate, to support decision making and ensure best practice guidance was followed.
- Practice staff were aware of social prescribing and signposted patients to other avenues of support as appropriate or if their condition should deteriorate.

Older people:

- An appropriate tool was used to identify patients aged 65 years and over who were living with moderate or severe frailty. Those identified as being frail received a holistic review of their care and treatment needs.
- Annual reviews were offered to all patients aged 75 years and over.
- The practice followed up on older patients discharged from hospital. They ensured that patients' 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.
- Patients were routinely asked whether they had any concerns regarding their memory. Any early identification of possible memory problems or dementia were managed appropriately.
- Seasonal influenza and shingles vaccinations were offered.

People with long-term conditions:

- Patients with long-term conditions had one structured annual review to check their physical health and mental wellbeing needs were being met. There was also a review of the patient's medication to ensure they were receiving optimal treatment.
- The practice's performance on quality indicators for long-term conditions was in line with local and national averages.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Adult patients with newly diagnosed cardiovascular disease were offered statins for secondary prevention. Patients with suspected hypertension were offered ambulatory blood pressure monitoring and those with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- GPs followed up patients who had received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma.

Families, children and young people:

- The childhood immunisation uptake rates for 2016/2017 were generally in line with the World Health Organisation targets. The practice offered opportunistic immunisation.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Antenatal and postnatal care was provided by midwifery services, in conjunction with the GPs.
- The clinicians liaised with the health visiting team. Children and families who needed additional support were referred to other appropriate services.
- Chlamydia screening was offered to all patients under 25 years.

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

- The practice promoted cancer screening and were generally in line with local and national uptake rates.

Good

Are services effective?

- The practice participated in the national meningitis and hepatitis vaccination programme. They also offered measles, mumps and rubella vaccinations for those patients who were not immunised.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Those patients who had social difficulties, such as housing problems, debt or isolation were referred to a local social prescribing service for additional support.

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 with a learning disability. Longer appointments were allocated to enable annual reviews to be completed.
- 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):

- Patients who had complex mental health needs or dementia had their care reviewed in a face-to-face consultation with a clinician.
- Patients had access to health checks and interventions for obesity, diabetes, heart disease, cancer and access to 'stop smoking' and physical activity services.
- 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.
- Those patients who were on long-term or high-risk medication were reviewed in line with guidance.
- The practice's performance on quality indicators for mental health and dementia was in line with local and national averages.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives, such as medicines optimisation and the Quality and Outcomes Framework (QOF). They also used information provided by the CCG to identify and address any areas for improvement.
- There was a lead in the practice who had oversight of QOF outcomes and a monthly report of performance was reviewed to identify any area of concern or deviation from local and national averages. We discussed exception reporting regarding some indicators, relating to diabetes and mental health, with the GPs and saw records which explained the rationale for exceptioning those patients. (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). We also saw evidence to support that the exception reporting for unverified and published 2017/18 data was much lower.
- We reviewed in detail two audits, one of which had been a three-cycle audit. We saw that there had been an evaluation of findings and continued improvements

Effective staffing

Clinical and management staff had the skills, knowledge and experience to carry out their roles.

- Clinical staff had appropriate knowledge for their role, for example to carry out reviews for patients with long-term conditions.
- Those 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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Good

Are services effective?

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long-term conditions and when coordinating healthcare for care home residents. They shared information 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.
- Care was coordinated between services and those patients who received person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- 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.
- The practice liaised with the local primary care mental health and could easily refer patients to this service. Appropriate information was shared to support effective coordination of care and treatment.

Helping patients to live healthier lives

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

- Clinical 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, frailty and falls prevention.
- 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 who were 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. Healthy lifestyle information and interventions, such as alcohol misuse and social prescribing, were available for patients. Patients were signposted to other services to access additional support as needed.
- A health trainer attended the practice on a weekly basis. They provided support and advice on diet and lifestyle. Patients could access groups sessions for smoking cessation, cooking and exercise classes.
- All newly registered patients, over the age of 16 years of age, were offered a health check.
- Measles vaccinations were offered to all patients with no previous history in light of recent outbreaks.
- The practice was participating in a lung cancer screening trial, to support effective care and treatment for patients.

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 decisions.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence table for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The NHS Friends and Family Test is a survey which asks patients if they would recommend the practice to their friends and family, based on the quality of care they have received. The results in the preceding quarter showed that out of 135 patients, 131 (97%) said they would recommend the practice to others; two said they would not and two said they did not know.
- Feedback from patients we received via CQC comment cards was positive about the way they were treated.

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 and had access to communication aids such as easy read materials and translation services.
- The practice identified patients who were a carer for another person and support was provided at an individual level.
- Patients and carers were signposted to advocacy services that could support them in making decisions about their care and treatment if needed.
- We were informed that there were translation and interpretation services for any patients who did not have English as a first language. Some staff could also speak languages other than English, such as Urdu, Punjabi, Hindi, Polish and Spanish. In addition, other aids such as pictorial information was utilised as needed.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Patients' comments we received and observations on the day supported this.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Please refer to the evidence table for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice understood the needs of its population and organised and delivered services to meet those needs.

- 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 were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Longer appointments were available for patients as appropriate.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice supported a weekly social prescribing clinic, which was facilitated by a qualified professional from the local Connect for Health service.
- The practice engaged with other local providers of health and social care to respond to patients' needs. For example, the development of a nurse-led 'dressings hub' to support patients who required urgent dressings post discharge.

Older people:

- All patients over the age of 75 years had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients. They offered home visits and same day urgent appointments in line with their needs.
- The practice made use of a frailty register which enabled them to identify those patients who were at a higher risk of illness or injury and supported them to respond quickly to areas of concern.

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.
- Care was co-ordinated with other health care professionals, such as district nurses, to support patients who were housebound.

Families, children and young people:

- 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.
- There was access to emergency appointments or telephone consultations for those parents who had concerns regarding their child's health.
- Weekly antenatal clinics were held by a midwife and supported by the GPs. Postnatal checks were undertaken by the GPs.

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.
- Patients were encouraged and supported to access online services, such as booking appointments and ordering prescriptions.
- Any patients with social difficulties, such as housing problems, debt or isolation, could access the social prescribing service available to the practice.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those patients who had a learning disability.
- Longer appointments were available for those patients who had complex needs.
- Carers were identified and supported as needed.

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 held a register of patients who lived with dementia and utilised appropriate tools to identify early signs of dementia.

Timely access to care and treatment

Good

Are services responsive to people's needs?

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice regularly reviewed demand and capacity regarding the appointment system.
- Patients reported that they were able to access care when they needed it.

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. It acted as a result to improve the quality of care.
- We reviewed two complaints in depth and found they had been handled appropriately.

Please refer to the evidence table for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues, challenges and priorities relating to the quality and future of services.
- 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, a realistic strategy and supporting business plans to deliver high quality, sustainable care.

- All 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.
- Future planning and the sustainability of the practice was reviewed. This had resulted in the current recruitment processes for additional staff.

Culture

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

- 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.
- 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. Any behaviour and performance issues were acted upon.
- The practice actively promoted equality and diversity and staff had received training in this area.
- The practice focused on the needs of patients. There was a strong emphasis on the safety and well-being of all staff and patients.

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.
- We were informed of (and saw) the 'task board' in place to support administration staff in understanding what was required to be done on a daily, weekly, monthly basis. This provided a clear and easy picture of what tasks had been completed and what was outstanding.

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. There was an oversight of safety alerts, incidents, and complaints.
- 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.

Good

Are services well-led?

- The provider of the practice also operated from another local practice and learning and areas for improvement were shared across both sites.

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 the public, staff and external partners to support high-quality sustainable services.

- The service was transparent, collaborative and open with stakeholders about performance.
- 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.
- The practice worked collaboratively with other local practices to improve the quality and access to patient care.
- The practice had a small patient participation group which did not meet very often. We were informed that the practice was looking at working with other practices to have a locality based patient participation group.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The practice had developed a diabetic foot screening protocol which had been presented locally with a view to being utilised by other practices.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice was participating in a local lung cancer screening trial to support early identification and diagnosis.
- The practice was currently in the process of recruiting an additional practice nurse and were also looking to expand the number of GPs.

Please refer to the evidence table for further information.