

Kirkham Health Centre

Inspection report

Moor Street
Kirkham
Lancashire
PR4 2DL
Tel: 01772 683420
www.kirkhamhealthcentre.co.uk

Date of inspection visit: 27 September 2018
Date of publication: 06/11/2018

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 December 2014 – 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 Kirkham Health Centre on 27 September 2018. This inspection was carried out as part of our inspection programme, and to see whether our recommendations for improvements at our December 2014 inspection had been addressed.

At this inspection we found:

- The practice was in the process of reviewing the service it provided to patients and was implementing a programme of change to improve service delivery and quality. The GP partnership had reviewed their leadership roles, allocating lead responsibilities in line with team member's strengths and preferences. The new registered manager with the support of the new practice manager were leading these improvements.
- An overarching business plan was in place which provided an overview of the areas the practice wanted to develop, recognising areas requiring improvement and the challenges in achieving their plan.
- The practice had established systems to manage safety incidents. When incidents did happen, the practice learned from them and improved their processes.
- An overarching health and safety risk assessment was being developed and the action plan in response to the fire risk assessment was being implemented.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.

- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The areas we identified at our previous inspection for further development had been addressed. These included improving the storage of medicines, undertaking infection control audits, undertaking a fire risk assessment, updating the practice business continuity plan and ensuring building maintenance certificates were available.

We saw one area of outstanding practice:

- The GP lead for safeguarding, together with a dedicated administrative team were committed to providing a comprehensive proactive system of monitoring and support for victims and potential victims of abuse. Systems in place included daily monitoring of data to identify patient trends, close coordinated working with health and social care professionals and collaboration with the clinical commissioning group (CCG) to develop up to date policies and guidance to share with GP practices within the CCG. Practice meetings were used for staff training and this included quizzes. Staff awareness of a range of safeguarding issues and the systems in place to monitor those at risk meant the practice responded quickly to provide appropriate and coordinated support to patients and their families.

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

- Implement the actions identified in the fire risk assessment including designating fire marshals and complete an overarching health and safety risk assessment.
- Take action to ensure written protocols for the management of communications coming into the practice are implemented and GP audit of the process is undertaken.
- Actions completed on receipt of patient safety alerts should be logged in order to provide a clear audit trail of what has been done.
- Take action to improve the number of patients registered as carers.

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

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

Population group ratings

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

Our inspection team

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

Background to Kirkham Health Centre

Kirkham Health Centre is in a semi-rural area of Lancashire at Moor Street, PR4 2DL and is approximately 10 miles from hospitals located in Blackpool and Preston. The practice is part of the NHS Fylde and Wyre Clinical Commissioning Group (CCG) and provides services under a General Medical Services contract with NHS England. It has 9100 patients on its register. The practice website address is www.kirkhamhealthcentre.co.uk

The surgery is provided from a large Victorian building that offers car parking facilities and disability access. The practice provides consultation and treatment rooms on the ground floor. The practice is in discussion with the CCG to move location to a newly developed health care facility. However, building work for the new health care facility has not yet commenced.



There are five GP partners, (one female and four male) and clinical support is provided by one nurse consultant, two advanced nurse practitioners and one trainee advanced nurse practitioner, three practice nurses, two healthcare assistants, one phlebotomist and a pharmacist. Five members of the nursing team and the pharmacist are non-medical prescribers of medicine. Managerial administrative support is provided by the practice manager, the assistant practice manager, two reception supervisors and a number of administrative and reception team staff.

The practice telephone lines are open Mondays to Fridays from 8am to 6.30pm. The practice provides a triage service and offers same day access to all patients requiring an appointment with either a GP or a nurse. The practice staggers appointments throughout the day from 8am until 6pm with both GPs and nurses.

Extended access is provided from 6.30pm to 9pm Monday to Friday and on Saturday and Sunday mornings from three hub locations in Freckleton, Fleetwood and Blackpool. The practice recognises these locations are not easily accessible for the local patient population.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice has 58.3% of its population with a long-standing health condition, which is slightly lower than the CCG average of 61.1% and but higher than the England average of 53.7%. Male and female life expectancy is slightly lower at 78.7 years and 82.3 years respectively when compared with the England averages (79.2 and 83.2 years).



The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

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 was committed in providing a comprehensive proactive system of monitoring and support for victims and potential victim of abuse. We saw evidence of close coordinated working with health and social care professionals and collaboration with the clinical commissioning group (CCG) to develop up to date policies and guidance to share with GP practices within the CCG. 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 was available to staff.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, the actions identified by the fire assessment were still being implemented and fire marshals were not yet in place.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were implemented.

- 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.
- Two members of the admin team were trained to manage incoming communications. A documented workflow protocol to manage communications coming into the practice and an audit of the process was being developed by the practice.
- 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.
- 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 taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues, however an overarching health and safety risk assessment was not in place.
- 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 took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. A comprehensive log or overview of actions undertaken was not available.

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.

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.
- The practice worked in collaboration with a range of external health and social care services including the enhanced primary care team, the intermediate care team and the falls and rapid response teams.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice worked closely with the intermediate care team.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured 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 nurse consultant implemented a programme of visiting housebound patients at home to undertake reviews of their long-term condition.

- Patients living in care homes had an annual review.
- 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. For example, the practice carried out pre-diabetic screening and those identified as at risk of developing diabetes were monitored.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. For those patients who did not attend for their review the practice implemented a range of recall methods including three letters, the use of texts and more recently direct telephone calls to patients.

Families, children and young people:

- Childhood immunisation uptake rates were good, with achievement above the World Health Organisation's (WHO) target percentage of 95%.
- Comprehensive monitoring systems were in place to follow up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Good communication channels were established with health visitors, school nurses and child surveillance teams to ensure concerns regarding children's health and wellbeing were shared promptly.

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

- The practice's uptake for cervical screening was 77.5%, which was below the 80% coverage target for the national screening programme. This was however higher than national data (72%) and reflected the clinical commissioning group (CCG) average.

Are services effective?

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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. The practice data in relation to care plan reviews for patients with schizophrenia and psychosis was lower than the local and national average. Staff told us they tried to encourage patient attendance for reviews but were not always successful.
- 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.
- The practice working with the University of Central Lancashire (UCLAN) and Mersey Care NHS Foundation facilitated a specialised EMDR (Eye Movement Desensitisation & Reprocessing) treatment for patients with post-traumatic stress disorder (PTSD).
- 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 performance indicator for face to face reviews with patients with dementia showed higher achievement when compared with local and national averages.

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

Monitoring care and treatment

The practice implemented a programme of quality improvement activity and routinely reviewed/ the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- Practice performance for quality indicators for 2016/17 measured by the quality outcomes framework (QOF) were similar to local and national averages. For example, the practice achieved 550 points out of the available 559 points. This reflected the achievement locally but was higher than 539 points achieved nationally.
- The practice had excepted 5.2% of patients overall, which was lower than local and national averages (5.8% and 5.7% respectively).
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

Are services effective?

- 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 when coordinating healthcare for care home residents. They shared information with community services, social services and carers for housebound patients and with health visitors and community services for children who had 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 be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- 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 generally positive about the way staff treated people. However, the practice team had recognised that some patients had experienced a less positive approach from the reception team. The practice had recognised this and ensured staff had received customer service training. Additional training in customer service was planned for later in the year.
- 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 similar to local and national averages for questions relating to care and concern.

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 worked with a local charity to offer support and advice to patients who were also carers. The practice list of registered carers was just below 1% of the practice list.
- The practice GP patient survey results were in line with local and national averages with 95% positive responses for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- The practice leaders were very aware that the patient reception and patient waiting area did not offer a good standard of patient privacy. The building layout limited what the practice could do to improve the situation. Plans were in progress to move the surgery to a new facility, but this building was not yet built.
- When patients wanted to discuss sensitive issues or appeared distressed, reception staff offered them a private area 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.
- 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 were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and members of the nursing team also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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:

- Comprehensive 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 were effective. 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.

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 access to primary health care was available at three hub locations on weekday evenings until 9pm and on Saturday and Sunday mornings.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including 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.

Timely access to care and treatment

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

- The practice operated a policy of same day access for all patients requiring an appointment.
- 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.
- Patients reported that the appointment system was easy to use.

Are services responsive to people's needs?

- The practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment.

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 to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Processes for managing risks, issues and performance were established.

- 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 incidents, and complaints. A log monitoring the practice response to safety alerts was not available.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Are services well-led?

- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- 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 comprehensive arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff 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.
- The practice acknowledged the limitations of its current premises, and with the support of NHS England and the CCG they were exploring a new build project in conjunction with the other GP practice in Kirkham. Completion was anticipated to be 2019-20.