

Lakeside Medical Centre

Quality Report

53 Todd Crescent
Kemsley
Sittingbourne,
Kent,
ME10 2TZ
Tel: 01795424315
Website: none

Date of inspection visit: 13 February 2018
Date of publication: 04/04/2018

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 service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The six population groups and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Lakeside Medical Centre	4
Detailed findings	5

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Lakeside Medical Centre on 13 February 2018, as part of our inspection programme.

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.
- Staff involved patients and treated them with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on personal leadership by the principal GP to encourage learning and improvement at all levels of the organisation.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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	

Lakeside Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lakeside Medical Centre

Lakeside Medical Centre is a GP practice located in Kemsley, a suburb of Sittingbourne Kent. It provides care for approximately 2500 patients.

There is a single, male, GP who is the principal of the practice. He is assisted by a female sessional GP. There are two practice nurses, both female.

The age of the population the practice serves different to the national averages in that there are more people aged less than 40 years old and more families and children than the national averages.

The practice has a general medical services contract with NHS England for delivering primary care services to local communities. The current provider took over the practice in July 2016. The practice offers a full range of primary medical services. The practice is not a training practice.

The practice is open between 8am and 6.30pm Monday to Friday. The surgery is a purpose built building. All the consulting and treatment rooms are on the ground floor.

The practice provides the following regulated activities

Treatment of disease, disorder or injury;

Diagnostic and screening procedures;

Family planning and

Surgical procedures

From

Lakeside Medical Centre

53 Todd Crescent

Kemsley

Sittingbourne,

Kent,

ME10 2TZ.

The practice has opted out of providing out-of-hours services to their own patients. This is provided by through the NHS 111 service. There is information, on the practice building and website, for patients on how to access the out of hours service when the practice is closed.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a 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).
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required.
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- 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.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and

Are services safe?

taken action to support good antimicrobial stewardship in line with local and national guidance. There was evidence that the use of antibiotics had decreased, appropriately, following the practice's review.

- We saw that the Patient group directions, being used by the practice, had not been properly adopted. The practice were using the directions that had been written for the former provider at this location. We received a new set of patient group directions properly authorised and specific to the practice within two days of the end of the inspection.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. For example the nursing and administrative staff had reported incidents involving the GPs and were encouraged to do 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. There had been nine reported significant events during the previous year. These were analysed to identify trends. Changes to systems were made where necessary. For example where a sample had been wrongly labelled, a double checking system had been introduced to reduce the risk of this happening again.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.
- The practice shared learning and information about incidents appropriately.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We saw that guidance from the National Institute for Health and Clinical Excellence (NICE) was available to clinical staff on their computer screen. It was discussed at clinical meetings.

- Patients' immediate and on-going needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used the World Health Organisation pain ladder to assess the level of pain in patients.
- 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 might 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 an annual clinical review and a review of medicines twice yearly.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice 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.
- There were comprehensive care plans completed in appropriate cases. There were copies in the patient's notes and hard copies for the patient.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and a medicines' review twice yearly. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- A diabetic nurse attended the practice to deal with patients needing insulin conversion.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice offered Influenza vaccinations and wrote to that cohort of patients to remind them of the importance of the vaccination.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Data for the uptake rates for the vaccines programme was not comprehensive as the provider had only been in place since July 2016. However we saw evidence that the practice was in line to meet the target percentage of 90% or above. Reminder letters were sent out for childhood vaccinations.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were invited to see the GP for advice and post-natal support in accordance with best practice guidance.
- Whooping cough vaccinations were available to pregnant women at or after 16 weeks.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- Data for the uptake rates for the cervical screening programme was not comprehensive as the provider had only been in place since July 2016. However we saw evidence that the practice's uptake this programme was on target to meet the 80% coverage for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine.

Are services effective?

(for example, treatment is effective)

- 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. We saw examples of where the provider had identified the need for end of life nursing care and had initiated the necessary processes.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Patients who were homeless were able to access the services as a temporary resident and were treated accordingly.

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

- Public data for patients with dementia was not comprehensive as the provider had only been in place since July 2016. The practice reported that 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting during the last 10 months.
- Public data for patients with mental health needs was not comprehensive as the provider had only been in place since July 2016. The practice reported that 83% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the previous 12 months. They predicted that this would increase before the target date of end of March as the practice had booked patients for a review on a date in March.
- Ninety two per cent of patients experiencing poor mental health had received discussion and advice about alcohol consumption recorded. Again the practice predicted this would increase because of the planned clinic in March.
- 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.

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. For example we saw regular routine reviews of medicines that are deemed to need specific monitoring because of their dangerous side effects. Clinicians took part in local and national improvement initiatives. For example the practice had worked with the local clinician commissioning group (CCG) to reduce the prescribing of antibiotics and certain classes of painkillers. There was evidence that the use of antibiotics and the specific painkillers had decreased, appropriately, following the practice's work with the CCG.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. However there was no validated QOF data available because the as the provider had only been in place since July 2016. The practice reported that they had achieved 73% of the available QOF points for the current QOF year that is April 2017 to March 2018. The un-validated QOF outcome for the last reporting year had been 94%. The practice had assessed their performance to date and recognised that this was an area for improvement, though they predicted that they would better this achievement this reporting year. At the time of the inspection there were two months left of the year during which QOF is measured.

- The practice reported that the overall exception rate (and the exception rates for any clinical domains) or indicators was not significantly higher than the CCG or national averages.
- The practice used information about care and treatment to make improvements. For example the patient's electronic record notified clinical staff where a patient had not been offered a treatment that their condition warranted, such as an influenza vaccination. The practice used these notifications opportunistically to help ensure that patients received the proper treatment.

Effective staffing

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

Are services effective?

(for example, treatment is 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. For example one of the nursing staff was being supported to undertake training to become an advanced nurse practitioner.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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.
- The practice had a systematic approach to checking that information about patients, such as referrals from secondary care, laboratory reports and discharge notes (from hospital) were dealt with in a timely way including entering them on the patient's records. For example we checked the laboratory test results coming into the practice and found that they were dealt with daily.

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 health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. Chlamydia testing was available at the practice.

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. Written consent was always obtained for minor surgery. The process for seeking consent was monitored through patient records audits. For example through an audit of consent to minor operations.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the 92 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

There were no results from the July 2017 annual national GP patient survey because the provider had only taken over the practice in July 2016.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices

in the reception areas, including in languages other than English, informing patients this service was available. Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. Through protocols and new patient registration forms. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 29 patients as carers (1% of the practice list).

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

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The layout of the reception area made it difficult to prevent conversations with receptionists being overheard by patients in the waiting room. However reception staff were aware of this and were careful when dealing with confidential information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example there were extended opening hours until 8pm on Wednesdays, online services such as repeat prescription requests and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice was on the ground floor and there was access for patients who were in wheelchairs.
- 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. These patients were reviewed at least annually with a medicines review twice a year.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Influenza vaccinations were offered to this age group

People with long-term conditions:

- Patients with a long-term condition were reviewed at least annually with a medicines review twice a year.
- The practice strived to review multiple conditions at one appointment this was not always possible because of the size of the practice and limited numbers of specialist staff available. Consultation times were flexible to meet each patient's specific needs.

- The practice had effective communications with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

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.
- Reminder letters were sent out for child immunisations and followed up if there was no response.
- Chlamydia screen testing was available to patients between 15 and 24 years
- Whooping cough vaccinations were available to pregnant patients at or after 16 weeks
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

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.
- Patients who were homeless had a risk assessment of how they received their medicines to help ensure that they were not vulnerable to abuse and did not run out of medicines.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Are services responsive to people's needs?

(for example, to feedback?)

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.
- 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.

There were no results from the July 2017 annual national GP patient survey because the provider had only taken over the practice in July 2016.

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. Five complaints were received in the last year. We reviewed them and found that they were satisfactorily handled in a timely way.
- 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. For example one complaint had resulted in a review of the prescribing policy and protocols. Changes had been made and we saw that the staff knew of them and had implemented them.

Are services well-led?

Good 

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

Our findings

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example the practice recognised that better achievements against QOF would improve patient care and safeguard the practice. This was discussed at meetings and the staff were aware of the issue.
- 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.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. For example there were planned housing developments, in the area, that would increase the patients' list size. The practice had plans for this, including an increase GP numbers by moving to a partnership model.
- 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. For example we saw a complaint concerning the mistaken administration of a vaccine. The letter to the complainant fully acknowledged the mistake and offered a sincere apology. The error had led a review of processes to help prevent such an error in the future. 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.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- 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 interactive and co-ordinated person-centred care.

Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper 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. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints. For example we saw that, at the monthly clinical governance meeting, the staff discussed the National Institute for Health and Clinical Excellence (NICE) guidelines concerning hypertension, asthma and chronic obstructive pulmonary disease.
- 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.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example in providing the extended hours appointments the practice had sought the view of patients, though this was informally done at reception. The practice was engaged with the local clinical commissioning group (CCG) and NHS England. We saw this through the practice response to initiatives from the CCG and in their reporting to NHS England.
- There was a virtual patient participation group (PPG). The practice had plans to develop the PPG though interaction with the local parish council and the nearby school.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example clinical staff were being supported to gain additional qualifications.
- There were development plans for non-clinical staff to move to management positions.
- 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.