Woodcroft Medical Practice

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	**Requires improvement**
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.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

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 Woodcroft Medical Practice on 12 July 2018, as part of our inspection programme.

The previously registered and inspected service at this location Woodcroft Medical Practice was taken on by the current provider Mulberry Practice on a caretaker basis on 1 January 2017.

The current location Woodcroft Medical Practice was registered in September 2017. In April 2018, following NHS England's approval of a merger of the Woodcroft Medical Practice and Mulberry Medical Practice patient lists, the provider began the process of deregistering Woodcroft Medical Practice as a location, to align with its status as a branch location of Mulberry Medical Practice.

At this inspection we found:

- There were systems in place for sharing learning from incidents with all relevant staff; and for ensuring this learning improved safety.
- Although overall, the practice had systems to manage risk, we noted that risks associated with the Legionella bacterium (which can contaminate water systems in buildings) and associated with cervical screening uptake were not proactively managed.
- 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 fed back that the appointment system was easy to use and that they were able to access care when they needed it.

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

- Take action to ensure that periodic Legionella water sample testing is undertaken.
- Take action to monitor its new protocol for monitoring and prescribing high risk medicines.
- Review the system for identifying how carers are identified.
- Continue to monitor and take action to improve national GP patient survey satisfaction regarding access to care and treatment; and staff interaction.
- Continue to monitor and take action to improve patient outcomes regarding diabetes, cervical screening uptake and childhood immunisations.
- Take action to monitor its new cervical screening 'failsafe' system for identifying where a result has not been logged.
- Take action to ensure that the Infection Prevention and Control lead receives training in their role.

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, a nurse specialist adviser and a practice manager specialist adviser.

Background to Woodcroft Medical Practice

Woodcroft Medical Practice is based in Burnt Oak, London Borough of Barnet. Although registered separately with CQC it is a branch location of Mulberry Practice which has a patient list of approximately 9,800 (including a second branch location: Willow Court Surgery Surgery).

Twenty three percent of patients are aged under 18 (compared to the national practice average of 21%) and 12% are 65 or older (compared to the national practice average of 17%). Fifty three percent of patients have a long-standing health condition. The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice; and management of long term conditions.

The practice holds a General Medical Services contract with NHS England. The staff team comprises two partner GPs (one male, one female), two female salaried GPs, a female practice nurse, a female pharmacist, a practice manager and a team of administrative staff.

The practice's opening hours are:

• Monday- Friday: 8:15am-1:00pm and 2:00pm-6:30pm

The practice offers extended hours opening at the following times:

• Wednesday: 6:30pm – 8:30pm

Outside of these times, cover is provided by an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected:

Diagnostic and screening procedures; Maternity and midwifery services; and Treatment of disease, disorder or injury.

This location has not been inspected before. The previously registered and inspected service at this location, Woodcroft Medical Centre, was taken on by the current provider Mulberry Practice on a caretaker basis on 1 January 2017.

Requires improvement

Are services safe?

We rated the practice as requires improvement 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 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 (such as regular audits) but we noted that the Infection Prevention and Control lead had not received training in their role.
- Although a Legionella risk assessment had taken place in 2016 giving details as to how to reduce the risk of the Legionella bacterium spreading through water and other systems, we noted that recommendations relating to water sample testing had not been actioned. Shortly after our inspection we were sent confirming evidence that a water sample had been sent for analysis and had come back as negative. The provider told us that they would be commencing a programme of periodic risk assessments.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw, showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

We looked at the systems in place to ensure the 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.
- We looked at the process for managing high risk medicines; so as to ensure appropriate monitoring and clinical review prior to prescribing. High risk medicines

Are services safe?

have a narrow therapeutic range meaning that small differences in dosage can result in increased risk to patients. They therefore require careful monitoring because of the potential for substantial harm.

We looked at ten records of patients being prescribed a high risk medicine called Methotrexate and noted that although blood results were appropriately monitored in hospital or at the practice, missing coding meant that some hospital results were not immediately accessible and could only be reviewed by doctors accessing the actual scanned hospital letters or blood test results.

We also looked at the records of the two patients being prescribed another high risk medicine called Lithium. We noted that a repeat prescription was still being issued for one patient despite the fact that blood test results were over due by six weeks. Although we were advised that one of the doctors regularly checked compliance with blood test results, there was no evidence that this was shared with other clinical staff members, so as to improve clinical care for this subgroup of patients.

Shortly after our inspection we were advised that the patient being prescribed lithium had been contacted and that the incident had been logged as a significant event. We were also sent a copy of the provider's new high risk medication's protocol which, in conjunction with the local Clinical Commissioning Group Pharmacist, entailed a quarterly review of patients being prescribed high risk medicines. This was to ensure that monitoring requirements were being met.

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.

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.

Please refer to the evidence tables for further information.

Good

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

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The manager of a care home where several patients resided spoke positively about how doctors were routinely available to undertake home visits and provide phone based advice.

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.
- 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 (high blood pressure) 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).
- We looked at the practice's performance on quality indicators for long term conditions.
- 71% of patients with asthma had had an asthma review in the preceding 12 months that included an assessment of asthma control (compared to the 77% CCG and 76% national averages).
- 67% of patients with hypertension had a blood pressure reading (measured in the preceding 12 months) of the required 150/90 mmHg or less (compared to the 81% CCG average and 83% national averages).
- 90% of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more were currently being treated with anticoagulation drug therapy (compared to the 85% CCG average and 88% national averages).
- 65% of patients with diabetes had a total cholesterol level (measured within the preceding 12 months) of 5 mmol/l or less (compared to the 79% CCG average and 80% national averages).

Leaders were aware of the practice's performance regarding diabetes and advised us that this was solely due to the merger of Mulberry Practice and Woodcroft Medical Practice patient lists. In order to improve patient outcomes for its new patients, we noted that the practice had:

- Introduced a diabetes action plan; identifying patients with poor control and aiming to provide targeted support in areas such as lifestyle and cardio vascular risk factors.
- Undertaken a medications review of 1427 records (including 1276 pharmacist led medication reviews and 42 face to face pharmacist consultations). This had highlighted for example that more than 1,000 records had not had such a review in more than two years.

Good

Are services effective?

Leaders expressed confidence that the above interventions would result in ongoing improved patient outcomes and highlighted that performance for the period January 2018 – March 2018 had already shown an improvement, compared to previous quarters.

Families, children and young people:

- Unverified data provided by the practice indicated that as at 12.7.18 childhood immunisations performance for under 2 year olds was 74% and for under five year olds was 78%.
- 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):

- Unverified data provided by the practice indicated that as at 12.7.18 cervical screening uptake was 68%, which was comparable to the 80% coverage target for the national screening programme.

We looked at systems in place for monitoring cervical smear results but did not see results for 28 tests which had been undertaken. When we brought our concerns to the attention of the practice, they immediately reviewed patient records and were able to provide a result for each of the 28 tests. We noted that the review highlighted that none of the results were abnormal but that 15 of the test results were inadequate and therefore required a new test. The date ranged from March 2002 to February 2017.

We were advised that the inadequate results related to new patients taken on as a result of the recent patient list merger. Our concern however, was that this situation had arisen due to the absence of a 'failsafe' system to monitor test results and identify where a result had not been logged. Shortly after our inspection we were sent a test status update for each of the patients identified. We were also sent a copy of the provider's new 'failsafe' protocol and a copy of the significant event log regarding the incident.

- The practice's uptake for breast and bowel cancer screening was in line with national averages.
- 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 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. There was a system for following up patients who failed to attend for administration of long term medication.
- 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.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was in line with local and national averages.

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. Where appropriate, clinicians took part in local and national improvement initiatives.

Good

Are services effective?

- 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.
- 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, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may 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.

Good

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 positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Latest available GP patient survey results were comparable with local and national averages for questions relating to kindness, respect and compassion.
- When we spoke with a receptionist they stressed the importance of treating each patient as an individual and with compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

The practice's GP patient survey results (1 January 2017 – 31 March 2017) were comparable to local and national averages for questions relating to patients' involvement in decisions about care and treatment.

We noted that Woodcroft Medical Practice was taken over by Mulberry Practice on 1 January 2017. As such, the survey results did not allow for any feedback on service improvements made in this period, which may have positively impacted on patient satisfaction scores.

Leaders were confident that improvements such as the recent appointment of another nurse practitioner would improve patient satisfaction in this area.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Good

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 (such as step free access).
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home 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. GPs and nurses 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:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- 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 and access to local HUB centres offering weekend appointments.

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

We looked at how 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's GP national patient survey satisfaction scores were comparable to local and national averages on questions relating to opening hours, ease of making an appointment and phone access.

Good

Are services responsive to people's needs?

We noted that Woodcroft Medical Practice was taken over by Mulberry Practice on 1 January 2017. As such, the survey results did not allow for any feedback on service improvements made in this period, which may have positively impacted on patient satisfaction scores.

Leaders were confident that improvements such as being able to access care from two additional locations and a centralised phone answering team would improve patient satisfaction in this area.

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.

Please refer to the evidence tables 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 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.
- 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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

We also noted however that the provider had not been proactive in taking action on risks associated with Legionella, high risk medicines and cervical screening.

Appropriate and accurate information

Good

Are services well-led?

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 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, a Patient Participation Group member spoke positively about how the practice had sought patients' views on a newsletter and regarding customer care training for reception staff.

The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of 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.

Please refer to the evidence tables for further information.