

Rawson Road Surgery

Quality Report

136-138 Rawson Road
Seaforth
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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 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

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 27 July 2015– Good)

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 Rawson Road on 12 February as part of our routine inspection programme.

At this inspection we found:

- The practice is one of several practices in the North West managed by SSP Health GPMS Ltd. The organisation supports practices with managerial tasks to allow individual practices to focus on patient care.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Care Quality Commission (CQC) comment cards reviewed were on the whole very positive and that patients thought staff were very helpful. Comments indicated that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Results from the national GP patient survey from July 2017 showed that patients' satisfaction with how they could access care and treatment was higher compared with local and national averages but not necessarily with a named GP of their choice. Urgent appointments were available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of the requirements of the duty of candour.

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

Rawson Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Rawson Road Surgery

Rawson Road Practice is located in a residential area of Seaforth which is in a deprived area of Merseyside. There were approximately 2,620 patients registered at the practice at the time of our inspection and the majority were white British.

The practice is one of several practices in the North West managed by SSP Health GPMS Ltd. The organisation supports practices with managerial tasks to allow individual practices to focus on patient care. The practice has one permanent male GP, a practice nurse, a healthcare assistant, a practice manager and reception and administration staff. The practice also has regular locum GPs.

The practice is open 8am to 6.30pm Monday to Friday. The practice offers early morning appointments every Tuesday from 7.30am with the practice nurse or healthcare assistant. Patients accessed the Out-of-Hours GP service by calling NHS 111.

Rawson Road has a General Medical Services contract (GMS). The practice is part of NHS South Sefton Clinical Commissioning Group (CCG).

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 which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Safeguarding flow charts were available with relevant contact details. There was a safeguarding lead GP for the practice who had the additional support of an organisational safeguarding lead GP for any complex cases. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Safeguarding cases were discussed at monthly meetings.
- The organisation had HR staff that carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The practice participated in external audits and took any necessary action. The practice also carried out their own annual audits.
- 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 systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The practice had carried out health and safety risk assessments including fire safety risk assessments and conducted regular fire drills.
- 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, for example, sepsis and there was information available to help staff.

Information to deliver safe care and treatment

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

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, with the out of hours services.
- Incoming letters from hospitals were all read by the practice nurse first and those requiring action were then sent to the GP.

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 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 audited antimicrobial prescribing. The practice worked with the organisation's pharmacy advisor and also the local medicines management team to help with appropriate prescribing.
- 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

Are services safe?

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 were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, improvements had been made for consultations for patients presenting with shoulder pain. The practice held an annual review meeting where all significant events were discussed. The practice also looked at complaints and where necessary investigated any incidents arising from the complaint.
- 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. For example, in response to a recent alert about the use of oxygen, all staff had received additional training for using oxygen. The practice kept a log of all medicine safety alerts and what action had been taken. Safety alerts were also discussed at clinical staff meetings.

Are services effective?

(for example, treatment is effective)

Our findings

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

(Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

Once patients were registered with the practice, the healthcare assistant or practice nurse carried out a full health check which included information about the patient's individual lifestyle as well as their medical conditions. The patient was referred to the GP when necessary.

The practice had systems to keep clinicians up to date with current evidence-based practice and guidance was discussed at staff meetings. 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. Staff advised patients what to do if their condition got worse and where to seek further help and support. Staff used appropriate tools to assess the level of pain in patients (for example, when gauging levels of back pain).

Older people:

- 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.
- The practice had previously taken part in the 'avoiding unplanned admissions to hospital scheme' which helped reduce the pressure on A&E departments by treating patients within the community or at home instead of hospital. Care plans were in place for these patients.
- The practice had implemented reviewing patients aged 65 years plus for full reviews including pulse checks for early identification of any irregular heart rhythm.

- Housebound patients received an annual review and this was timed to coincide with their flu and pneumonia vaccinations for convenience.

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 offered appointments up to an hour long in order for comprehensive reviews to take place.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for some childhood vaccines given were 96% which is above the target percentage of 90%.
- The practice encouraged young people/students to have recommended vaccinations such as the MMR vaccination.

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

- The practice's uptake for cervical screening was 69%, compared to a national average of 72%.
- 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 had a cancer champion who regularly contacted patients to ensure they were receiving appropriate support.
- The practice had developed an 'important patient register'. This was to ensure all patients who may require additional support were easily identified in one place. The register included for example, vulnerable adults,

Are services effective?

(for example, treatment is effective)

those experiencing poor mental health, military veterans, visually impaired, cancer patients and housebound patients. All these patients had alerts on their computer medical records so staff could recognise if they required a prompt appointment and the list helped avoid any duplication of work. The list was regularly reviewed and patient cases discussed at clinical meetings when necessary.

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

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average (83%).
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was better than the national average (90%).
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 92%; CCG 85%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 100%; CCG 96%; national 95%).

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.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up by use of a monthly diary throughout the year to ensure they all attended health reviews. All staff were involved in managing QOF performance.

The most recent published QOF results were 99.5% of the total number of points available. The overall exception reporting rate for clinical indicators was 11.9% compared with a national average of 9.6%. (Exception reporting is the removal of patients from QOF calculations where, for

example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). The exception reporting had been managed appropriately. This practice was not an outlier for any QOF (or other national) clinical targets. However, there was a positive variation in performance compared to local and national averages for recording smoking status of patients and care plans for those experiencing poor mental health.

The practice was actively involved in quality improvement activity. The practice carried out a wide variety of audits including: clinical audits, medicines audits, consultation and referral audits. For example, shoulder pain consultations.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the practice nurse 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. For example, the practice nurse had attended additional training for diabetes management and the health care assistant had been recently promoted to an office manager.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. GP locums were monitored to check performance by a range of consultation, referral and clinical and prescribing audits overseen by the Local Medical Director. When results were less than the standards expected, the issues were discussed with the GP concerned.

Coordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

- We saw records that showed 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 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.

Helping patients to live healthier lives

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

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.

Are services caring?

Our findings

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

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.
- We received 94 Care Quality Commission comment cards of which 92 were very positive about the service experienced, and in particular how helpful the reception staff were. There were three comments about seeing different GPs. The practice did have locums but regular locums worked on set days. There was one comment about difficulty on getting through by phone, one about waiting time in the surgery, one about having to rebook if the patient was late; and one comment requesting more reading material for the waiting room.
- We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from August 2017 to January 2018 from 101 responses, showed that 53 patients were extremely likely and 35 likely to recommend the practice, and nine were neither likely nor unlikely to recommend the practice, two unlikely and two extremely unlikely to recommend.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. From 373 surveys sent out, 98 were returned. This represented about 4% of the practice population. Results were in line with local and national averages. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time (CCG average 87%; national average 86%).

- 94% of patients who responded said they had confidence and trust in the last GP they saw (CCG average 96%; national average 95%).
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 86%; national average 86%).
- 95% of patients who responded said they found the receptionists at the practice helpful (CCG average 87%; national average 87%).

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and had received training about 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.
- Information in large print was available.
- There was a hearing loop for patients with hearing impairment.
- The practice had a Carers Champion who helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. For example, domestic abuse advice. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had recently updated its register and identified 24 patients as carers (approximately 1% of the practice patient list). Written information was available to direct carers to the various avenues of support available to them. The practice had regular contact with the local Carers team and there was a carer's noticeboard on display in the waiting room with information and contact details.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments (compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%).
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 82%; national average 82%).

- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 91%; national average 90%).
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%; national average 85%).

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

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 a responsive service.

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, online services such as making appointments.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.

People with long-term conditions:

- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a phlebotomy service and 24 hour blood pressure monitoring service onsite for convenience.

Families, children and young people:

- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics and provided immunisations.
- The practice had an 'early years' fact sheet to provide information including such issues as immunisations.

- The practice had developed an 'Access for Children' policy to ensure that all children under five could be seen on the same day if required.

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

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice had additional early morning appointments available once a week for patients who could not attend during normal working hours.

People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked with the local alcohol and drug recovery team.

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations
- Staff had received training about dementia and were aware of the patients that needed additional support. They contacted patients on the dementia register on the day of their appointment to remind them of their appointment.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Patients could book appointments up to two weeks in advance with a GP. On the day of our inspection, we saw that patients were offered appointments on the day.

Are services responsive to people's needs?

(for example, to feedback?)

The practice was open between 8am to 6.30pm Monday to Friday. In addition there were morning clinics available from 7.30am once a week with the practice nurse and health care assistant. Telephone consultations were also available.

The practice had introduced a system to telephone patients the day before their appointment to remind them. This had reduced the number of patients failing to attend for their appointments. Patients could cancel their appointments by text.

Results from the national GP patient survey from July 2017 showed that patient's satisfaction with how they could access care and treatment was higher compared with local and national averages.

- 92% of patients said they could get through easily to the practice by phone (CCG average 64%, national average of 71%).
- 85% of patients described their experience of making an appointment as good (CCG average 69%, national average of 73%).
- 91% of patients who responded said their last appointment was convenient (CCG average 79%, national average 81%).

- 81% of patients who responded said they don't normally have to wait too long to be seen (CCG average 58%, national average 58%).

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.

We looked at a review of an annual summary of formal complaints received by the practice from April 2016 to March 2017 and complaints received this financial year so far. Complaints were broken down into twelve different categories such as whether the complaint was a clinical issue or about staff attitude in order to identify any trends. The review outlined whether patients' complaints had been dealt with in an appropriate timescale and highlighted whether the patient was happy with the outcome of the complaints process and there was a good audit trail of information. One complaint was in progress. Complaints were discussed at staff meetings so that any learning points could be cascaded to the team.

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 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, capacity and skills 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.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values.
- 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.
- The practice monitored progress against delivery of the strategy.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and enjoyed their work.
- 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.
- Staff 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- 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.

- SSP Health GPMS Ltd supported its practices with managerial tasks to allow individual practices to focus on patient care. The extended practice support team included: the Director, Medical Director, Clinical Director, Lead Nurse, Pharmacy Advisor, HR and finance team and a data quality team. Practice managers from all practices attended meetings to share any learning. There was accessible training across all the practices to support all staff.
- 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 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 MHRA alerts, incidents, and complaints.

Are services well-led?

Good 

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

- 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 business contingency plans and had trained staff for major incidents.

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.
- 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 had an established a Patient Participation Group (PPG). The practice and PPG had recently held a McMillan coffee morning. We spoke with one member of the PPG who told us that the practice did take on board any suggestions they had, for example advertising the chaperone service. The practice did have a female GP but

the PPG wanted a female GP to be available for more time. The practice sought patient feedback by a variety of other means such as utilising a suggestions box in the waiting room, having an in-house patient survey and utilising the Friends and Family test. There were notices in the waiting room which advertised the PPG availability. The practice also had a patient newsletter.

Continuous improvement and innovation

There were 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, the practice recognised that having individual registers for different needs could result in duplication of appointments if one patient was on more than one register and that not all patients fitted into specific categories. The practice had therefore formed an 'important patient' register.
- 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 be involved in practice objectives, processes and performance.
- Over the years the organisation had won awards and recently the Local Medical Director had won GP of the year in 2017 RCGP for Mersey Deanery.