

# Wigton Group Medical Practice

## Inspection report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

# Overall summary

**This practice is rated as Good overall.** Previous inspection November 2014 - Outstanding

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

We carried out an announced comprehensive inspection at Wigton Group Medical Practice on 10 April 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to keep patients safe and safeguarded from abuse. However, there was no formal process in place to ensure that locum clinicians were up to date with mandatory training requirements.
- 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 they provided. They ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice organised and delivered services to meet patients' needs. They took account of patient needs and preferences.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- There was a focus on continuous learning and improvement at all levels of the organisation. The practice proactively used performance information to drive improvement. However, at the time of our inspection not all staff had been given the opportunity of an annual appraisal.

We saw an area of outstanding practice:

- The practice had introduced 'after GP' appointments so that patients identified by the GP during an appointment as requiring blood and other tests could be seen immediately by a healthcare assistant. This meant that patients did not have to make another appointment and that they could receive any treatment they may need quicker. In addition this freed up routine appointment slots with nursing and health care staff and relieved pressure on reception staff.

However, there are areas where the provider **should** make improvements:

- The provider should continue with their plans to give all staff members the opportunity on an annual appraisal
- The provider should review and update their recruitment policy so that it includes details of the need to undertake all relevant pre-employment checks. They should also put a process in place to check that locum staff are up to date with mandatory training before employment.
- They should improve current processes so that learning and trends and themes arising from significant events and incidents are shared with all staff at regular minuted meetings as a standard agenda item.

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

## 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 CQC lead inspector.  
Also in attendance was a GP specialist advisor.

## Background to Wigton Group Medical Practice

Wigton Group Medical Practice provides care and treatment to around 8,627 patients of all ages from Wigton and the surrounding Solway plain area. The practice is part of North Cumbria clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

The practice provides services from the following address, which we visited during this inspection:

- South End, Wigton, Cumbria, CA7 9QD

The surgery is located in a purpose built two storey building which was erected in 2005. All patient areas and consultation rooms are on the ground floor and there is good access and facilities for patients with disabilities. An on-site car park is available which includes dedicated disabled car parking spaces.

Patients can book appointments in person, on-line or by telephone. Opening hours are as follows:

- Monday, Wednesday and Thursday – 8am to 6.30pm
- Tuesday and Friday – 7.45am to 6.30pm

Appointments with GPs and nurses are available from the opening time until 5.50pm.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health on Call Ltd (CHoC).

The practice has:

- Five GP partners (one male and four female)
- Three salaried GPs (one male and two female)
- Five practice nurses (all female)
- Four healthcare assistants (all female)
- 20 non-clinical staff members including a practice manager, medicines manager, administrators, receptionists and cleaners/caretakers

The practice is a teaching and training practice and involved in teaching qualified doctors interested in a career in General Practice and the training of medical students, nursing students and doctors participating in the overseas GP programme to attract GPs to the UK. They are also a member of the Medical Research Council's General Practice Research Framework which is national group of general practices interested and participating in research.

The average life expectancy for the male practice population is 79 (CCG and national average 79) and for the female population 83 (CCG and national average 83). 22% of the practices' patient population are in the over 65 age group.

At 51.2%, the percentage of the practice population reported as having a long standing health condition was

lower than the CCG average of 58.1% and national average of 53.7%. Generally a higher percentage of patients with a long standing health condition can lead to an increased demand for GP services.

At 66.9% the percentage of the practice population recorded as being in paid work or full time education was

higher than the CCG average of 58.1% and national average of 53.7%. The practice area is in the sixth most deprived decile. Deprivation levels affecting children and adults were lower than local and national averages.

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse but these could be improved.

- The practice had systems in place 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. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We were not assured that the practice carried out appropriate staff checks at the time of recruitment. Their recruitment policy did not include details of the need to obtain photographic identity: proof of qualifications or registration with the appropriate body where appropriate or confirmation of gaps in employment history. One of the GP recruitment files that we viewed did not include a copy of their application form or references. There were no processes in place to ensure that locum staff had undertaken all mandatory training to an appropriate level.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- 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.

## 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. There was a documented and comprehensive approach to managing test results.
- 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

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

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice had reviewed their antibiotic prescribing and monitored antibiotic and antibacterial prescribing on a monthly basis.
- 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.
- The practice had emergency medicines in place which were easily accessible and all staff knew of their location.
- The practice had policies in place for the management of medicines which needed to be stored in a refrigerator.
- The provider used appropriate legal mechanisms to enable non-prescribers such as nurses and healthcare assistants to administer prescription only medicines (e.g. vaccines).
- The provider had an effective system in place to monitor and track blank prescriptions in accordance with national guidance.

# Are services safe?

## 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 activity. This helped managers to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

## 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 manager told us that significant events were reviewed at annual protected learning time meetings. However, there was no system in place to regularly review, identify trends and themes or share learning from significant events with staff. We were told significant events would be discussed with staff as and when necessary but that they were not included as a standard agenda item in staff meetings.
- 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.**

# Are services effective?

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

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep clinicians up to date with current evidence-based practice. 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who were frail or may have been vulnerable received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital and 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 practice was working with other practices from the Keswick and Solway areas of Cumbria (total patient population 40,667) to develop an integrated care community. Although work was at an early stage their aims included providing a more joined up approach to delivering health and social care services and to help older patients avoid non-emergency admission to hospital.

#### 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.
- Despite performing well for the treatment and care of people with diabetes the practice had felt they could improve. They had developed an action plan to aid improvement which included a GP and nurses undertaking additional training. They were also being more proactive in their identification and monitoring of patients at risk of developing diabetes and with gestational diabetes.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had attained the expected standard of 90% for all four childhood immunisation indicators.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had developed a register of 'low level' safeguarding concerns to ensure that vulnerable children who did not meet the threshold for referral to the local authority safeguarding team were regularly monitored.

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

- The practice's uptake for cervical screening was 78.8%, which was in line with the 80% coverage target for the national screening programme (CCG average 77.6% and national average 72.1%).
- The practice's uptake for breast and bowel cancer screening was either in line with or above local and national averages.
- 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.

# Are services effective?

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with a learning disability were offered an annual health check.

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.
- 77.6% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable with the local CCG average of 82.6% and national average of 83.7%.
- 93% 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 comparable to the CCG average of 93.1% and national average of 90.3%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 90.2% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the CCG average of 93.4% and national average of 90.7%.
- 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. Fifty one (86%) of the 59 patients on their learning disability register had received a health check.

## 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 had achieved 98.9% of the total number of QOF points available, compared to the CCG average of

98.8% and the national average of 95.6%. At 5.5% the practice overall exception reporting rate was comparable with the local average of 5.3% and national average of 5.7%.

- Although the practice had attained 97.2% of the points available for diabetes (CCG average 97.6% and national average 91%) they felt that they could improve in this area. They had therefore developed a diabetes action plan which had resulted in GPs and nurses undertaking additional training to treat and care for patients with diabetes. They had also identified patients at risk of developing diabetes or gestational diabetes to ensure they were receiving appropriate monitoring and were working with district nurses to ensure housebound patients with diabetes were receiving a fully comprehensive review and health check from a practice nurse.
- 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 were receiving specific training.
- 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. This included an induction process, coaching and mentoring, clinical supervision and support for revalidation. Not all staff had received an annual appraisal. We were told that this had slipped but that a programme of appraisals had recently been reintroduced.
- Systems were in place to support and manage staff when their performance was poor or variable.



# Are services effective?

## Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding 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, health visitors and community services as necessary.
- 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. Of the 30 patients on the practice palliative care register, 26 (87%) had an advanced care plan in place which included details of their preferred place of death. The practice carried out an annual place of death audit which showed that 48.6% of their patients who had died during 2016/17 had died at home compared to the Cumbria average of 25.3% and national average of 23.3%. An advanced care planning discussion had taken place with 58 of the 96 (61.7%) practice patients who had died during 2017/18.

## 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. For example, the practice was working with their local council to encourage farmers to access health services including prostate screening. As part of this process the intention was that practice staff would attend farmers markets to promote health screening. The practice also ran a voluntary car scheme where patients without access to transport could request a lift to and from the surgery for a nominal fee.
- 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 and tackling obesity campaigns.
- The practice was proactive in their approach to ensuring that eligible patients received an annual flu immunisation. All eligible patients were sent an appointment letter and the practice followed up all non-attenders. During 2017/18, 96.5% of the eligible population had been vaccinated, the second highest attainment rate within their local CCG area.

## 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.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients about the way staff treat people was positive.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

## **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. Carers were offered an annual health check, flu immunisation and signposted to local support services. The local carers association ran a relaxation class at the practice.
- Practice staff had taken part in the creation of a training video and information pack for the local support service for patients with a learning disability. This had been developed to assist support workers in promoting good health in patients with a learning disability.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and took account of their 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 practice premises and facilities were appropriate for the services delivered. Access for patients with mobility issues was good.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was proactive in ensuring older patients received an annual flu immunisation.
- A GP with special interests (GPwSI) held an eye clinic at the practice which enabled older patients, including those not registered with the practice, to be seen closer to home.

### 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. The practice also maintained a 'low level' safeguarding concerns register to enable them to appropriately monitor borderline cases who did not quite meet the threshold for referral to the local authority safeguarding team. These cases were regularly reviewed and discussed in multi-disciplinary team meetings.
- Parents or guardians calling with concerns about a child 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.
- The practice had introduced 'after GP' appointments so that patients identified by the GP during an appointment as requiring blood and other tests could be seen immediately by a healthcare assistant. This meant that patients did not have to make another appointment and that they could receive any treatment they may need quicker. In addition this freed up routine appointment slots with nursing and health care staff and relieved pressure on reception staff. Since the introduction of the service approximately 12 months previously the practice had offered 1194 'after GP' appointments.

### People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice offered annual health checks for patients with learning disabilities.

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

# Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- All patients on the practice mental health register were offered an annual health check

## 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. The practice had an effective system in place to manage capacity and demand. Clinical staff worked flexibly and adjusted their working hours to meet demand as and when required.
- The practice had introduced a system they referred to as 'red extra' appointments to ensure that patients who felt they needed to be seen urgently were able to get a same day appointment. They delivered approximately 25-20 'red extra' appointments per week and practice staff

told us that this had attributed to their patients being low users of A&E services compared to elsewhere in Cumbria. Their nearest A&E service was 12 miles from the practice.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately.

- 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 acted as a result to improve the quality of care. For example, a patient had complained about a lack of privacy at the reception desk. As a result the practice had ensured that the notice advising patients they could request a discussion in private had been moved from the practice noticeboard to a more visible spot on the reception desk.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

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

## Leadership capacity and capability

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

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

## Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned their services to meet the needs of the practice population.

## Culture

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

- Staff stated they felt respected, supported and valued. There were positive relationships between staff and teams.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. However, not all of the staff had received regular annual appraisal. The practice

manager told us that a programme of appraisals had recently been introduced and that staff would now receive an annual appraisal. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical 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.

## 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.
- 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. However, their recruitment policy required updating.

## Managing risks, issues and performance

There were processes in place for managing risks, issues and performance.

- There were processes in place 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 national and local 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 as a result of two cycle audit activity.
- The practice had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

## 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.
- 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. The practice patient participation group (PPG) had recently been relaunched and was due to hold their first meeting the day after our inspection.
- The service was transparent, collaborative and open with stakeholders about performance.

### **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- 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.**