

# FirstCare Practice

## Inspection report

Balsall Heath Health Centre, 43 Edward Road  
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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?

Requires improvement 

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? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – RI

Are services well-led? - Good

We carried out an announced comprehensive inspection at Firstcare Practice on 13 November 2018 as part of our inspection programme due to this practice changing their registration details and thus being treated as newly registered with the CQC.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Childhood immunisations and cancer screening results were lower than local and national averages, however unverified 2018 data provided by the practice indicated improvements had been made, particularly in childhood immunisations.
- Results from the GP patient survey in questions relating to the caring key question were below local and national averages, particularly regarding patient's overall experience and being involved in their care and

treatment. The practice had conducted their own survey, which showed some improvement since the last time it was conducted, but mirrored the national GP patient survey. The practice continued to take steps to address this.

- The practice's achievement on the GP patient survey in questions relating to access to care and treatment were below local and national averages, particularly regarding telephone access, making appointments and seeing the GP of choice. The practice had conducted their own survey, which showed some improvement since the last time it was conducted, but mirrored the national GP patient survey. The practice continued to take steps to address this.
- The practice had a strong focus on quality improvement and learning when things went wrong.

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

- Continue with efforts to improvement cancer screening rates.
- Monitor and improve levels of patient satisfaction, in particular, areas in relation to access and involvement in care and treatment.

**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

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

## Our inspection team

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

## Background to FirstCare Practice

Firstcare Practice is situated in the Balsall Heath area of Birmingham, within a purpose-built health centre called Balsall Heath Health Centre. The practice population is approximately 6,000 patients with a higher number of patients under 65 years of age compared to the national average. Approximately 78% of the practice population identify as Black, Minority, Ethnic (BME). The level of deprivation in the area according to the deprivation decile is one out of ten (The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England).

Firstcare Practice is led by a single handed female GP who is supported by five sessional GPs (all male). The practice has a health care assistant (HCA) (female) and has recently employed a practice nurse (female). The reception manager is supported by a team of administration and reception staff. The practice's opening hours are Monday to Thursday 8am until 6.30pm and 8am until 8pm on Fridays. The practice is also open for on Saturday between 8am and 1pm. Appointments are available throughout the day from 9am until 6.30pm on

weekdays, except on Fridays, when appointments are available until 8pm. Appointments are available on Saturdays between 9am and 11.30am. The practice's out of hours service is provided by BADGER. Telephone lines are automatically diverted to the out of hours service when the practice is closed.

The practice is a member of the My Healthcare federation that offer extended hours at local hub centres, each weekday and at weekends from 8am until 8pm. The practice provides NHS primary health care services for patients registered with the practice and holds an Alternative Provider Medical Service (APMS) contract with the local Clinical Commissioning Group (CCG).

Firstcare practice is registered with CQC to provide five regulated activities associated with primary medical services, which are: treatment of disease, disorder and injury; family planning; maternity and midwifery; diagnostic and screening procedures and surgical procedures.

# Are services safe?

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

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff, whose files we viewed had received up-to-date safeguarding and safety training appropriate to their role.
- Staff we spoke with knew how to identify and report concerns. Learning from safeguarding incidents were 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.)
- The practice took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were 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 and busy periods.
- There was an effective induction system for all staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

- Staff we spoke with 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

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

## Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.
- The practice ensured that they had gained assurances from the owners of the building that actions relating to risk, beyond their control had been completed.

## Lessons learned and improvements made

## Are services safe?

The practice learned and made improvements when things went wrong.

- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- 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.
- 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 overall .**

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- 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 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 we spoke with had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had developed care plans to support elderly patients and prevent them from being admitted to hospital as part of the CCG priority area.
- Medicines that were issued by specialists in hospital were added to the patients repeat medicines list as a zero quantity to ensure alerts and interactions came up for patient safety. This was also to ensure that hospitals and other GPs were aware when patients were referred that the patient was taking those medicines.

### Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90% or above. Unverified 2018 data provided by the practice demonstrated that all indicators were over 90%.

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice provided contraceptive services for both registered and unregistered patients.

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

- The practice's uptake for cervical screening was 61%, which was below the 80% coverage target for the national screening programme. The national average was 72% and the local average was 69%. The practice was aware of their lower than average uptake rates and had taken action to address this.
- The practice's uptake for breast cancer screening was below the national average but above the local average. The practice acknowledged that their breast cancer screening uptake rates still required improvement but had taken actions to address this. The practice also demonstrated that there had been errors made in coding patients, which may have altered the data.
- The practice's uptake for bowel cancer screening was below the national and local averages. The practice was aware of this and had taken actions to address this.
- The practice had systems to inform eligible patients on 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.
- The practice provided contraception services as part of a contract with the local authority for patients that were both registered and not registered within the local area.

### 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.

## Are services effective?

- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD) and atrial fibrillation.
- The practice's performance on quality indicators for long term conditions was above local and national averages.

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 all patients living in vulnerable circumstances such as homeless people or travellers and for those with a learning disability. The register of homeless people the practice held, were those who had become homeless after initially registering. The practice was unable to demonstrate a system for supporting patients with no fixed abode to register at the practice initially. Following the inspection, the practice demonstrated that they had reviewed their policy and developed a clear protocol for staff, showing that patients were able to easily register at the practice, if they had no fixed abode.
- 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, 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 practice's performance on quality indicators for mental health was above 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.

- The percentage of patients with diabetes whose condition was being well managed, was below local and national averages. The practice were aware of this and had taken actions to address it.
- Overall exception reporting at the practice was below that of local and national averages, however, there were a few indicators where this was higher than local and national averages. For example, Cardiovascular disease patients and Chronic Obstructive Pulmonary Disease (COPD). The practice were aware of these and was able to demonstrate that exception reporting for these areas were appropriate.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity.

### Effective staffing

Staff whose files we viewed had the skills, knowledge and experience to carry out their roles.

- Staff we spoke with 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.



## Are services effective?

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff told us that they 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 appraisals, 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.
- We saw that 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.

### Consent to care and treatment

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

- Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making.
- We saw that clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the evidence tables for further information.**



# Are services caring?

## We rated the practice as good for caring.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was generally positive about the way staff treat people.
- Staff we spoke to understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were generally in line with local and national averages for questions relating to kindness, respect and compassion. The practice had performed their own internal survey of patients which demonstrated satisfaction levels were improving.
- The practice's Friends and Family test results indicated that the majority of patients would be extremely likely or likely to recommend the practice to family and friends. The data provided by the practice was for 2017 and showed a decrease from the data from 2016, from 79% to 76%.

### Involvement in decisions about care and treatment

Not all patients felt staff helped them to be involved in decisions about care and treatment. Staff were aware, when asked, 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.)

- We saw 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 told us that they helped them ask questions about their care and treatment, however not all patients were able to confirm this.
- The practice identified carers and supported them, the practice register was above 1% of the practice population.
- The practice's GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment. The practice had carried out its own internal survey to ensure that satisfaction rates improved. Although most respondents to the in-house practice survey rated the practice as either good, very good or excellent in questions relating to being involved with care and treatment indicating improvements in satisfaction, the practice was still below local averages. The practice demonstrated that it had continued to take steps to ensure that satisfaction improved going forward.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed, reception staff we spoke with knew to offer them a private room to discuss their needs.
- Staff we spoke with also recognised the importance of people's dignity and respect.

### 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 requires improvement 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 demonstrated that they understood the needs of its population and tailored services in response to those needs.
- Telephone consultations with a GP were available to support patients who were unable to attend the practice during normal working hours. The practice had also implemented an Any Other Queries (AOQ) screen, instead of telephone triage. This screen was viewed each day by a GP and patients were called back as requested to discuss any concerns they may have. The practice told us that they preferred to see patients in person to ensure that all indications of wellness could be assessed.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who 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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP accommodated home visits for those who had difficulties getting to the practice.
- Housebound patients were routinely visited by a GP annually to ensure that their care and treatment was monitored.

- The practice offered various annual vaccinations for eligible elderly patients annually. For example, flu and shingles.

### 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.
- The practice offered patients virtual diabetes clinics (DICE), through the federation. (Virtual diabetes clinics involve discussions between diabetes specialists, normally consultants, and primary care GPs, relating to patients in their care. This is to ensure that all available treatment options and monitoring is taking place and completed).
- Patients with long term conditions were offered referrals to community based services such as x-ray and ultrasound that may be closer to their homes and reduce their need for attending hospitals.
- Patients that required blood tests were offered these in their home or at the federation local hub centres, if this was convenient.

### 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice demonstrated that congratulations letters were sent to new parents, detailing the next steps of the child's care, including immunisations.
- Pregnant patients were offered vaccinations by the practice.
- The practice had baby changing and breast-feeding facilities.

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

# Are services responsive to people's needs?

- 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 through the federation.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in some vulnerable circumstances including those with a learning disability.
- The practice told us that people in vulnerable circumstances, including those with no fixed abode, for example, homeless patients and travellers, had not attempted to register with the practice but would need some kind of identification and proof of address to register with the practice. Following the inspection, the practice reviewed their policy and created a clear protocol for staff, allowing patients to easily register using the practice address.

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Carers of dementia patients were encouraged to get involved in the management of their care.

## Timely access to care and treatment

Generally, patients felt that they were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Not all patients felt that they 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 patient survey results were below local and national averages for questions relating to access to care and treatment. The practice was aware of this and had taken action to address it. The practice had also monitored patient satisfaction themselves.

## 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.**

# 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 quality and sustainable care.

- Leaders we spoke with were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were trying to address 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 vision and strategy to deliver quality and sustainable care.

- There was a vision and set of values. The practice had a strategy and supporting business plans to achieve priorities.
- Staff we spoke with 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 and tried to ensure that these needs were met.
- The practice monitored progress against delivery of the strategy.

## Culture

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

- Staff we spoke to stated they felt respected, supported and valued.
- The practice had a focus on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. 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 promoted equality and diversity. Following the inspection, the practice demonstrated that they had strengthened their interview process to ensure equality at recruitment. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

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

## Managing risks, issues and performance

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.

## Are services well-led?

- 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.

### Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

### Engagement with patients, the public, staff and external partners

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

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

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff we spoke with 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.

**Please refer to the evidence tables for further information.**