Lionwood Medical Practice

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	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.

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 Lionwood Medical Practice on 31 May 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. We saw evidence that learning points were discussed in management meetings and staff we spoke to were aware of these.
- The practice ensured that care and treatment was delivered according to evidence based guidelines.
- The practice had a programme of quality improvement activity planned and we saw evidence of a two-cycle audit completed which positively impacted on the quality of patient care.
- The practice had recently recruited a pharmacist to work at the practice who at the time of the inspection was in the process of completing a series of reviews and audits. The pharmacist offered appointments at the practice and completed home visits for patients unable to easily access the practice.
- The practice offered a wellbeing service at the practice. A wellbeing advisor was based at the practice on average between three or four days per week and patients were able to self-refer or be referred by their clinician.
- The practice's performance in relation to the Quality Outcome Framework (QOF) results was above the Clinical Commissioning Group (CCG) and national averages.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Staff told us that they were happy to work at the practice and felt supported by the management team. Staff told us they were encouraged to raise concerns and share their views.
- There was not an active patient participation group (PPG) list. The practice was aware of this and had plans in place to commence a PPG in the future.
- Results from the July 2017 national GP patient survey were in line with and above local and national averages. Feedback from patients we spoke with and received comments from supported these findings.
- We saw evidence that complaints were handled effectively, trends were analysed and lessons learned and distributed amongst relevant staff.

Professor Steve Field CBE FRCP FFPH FRCGPChief 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. The team included a GP specialist advisor and a second CQC inspector.

Background to Lionwood Medical Practice

Lionwood Medical Practice is in the Norwich Clinical Commissioning Group (CCG) area. The practice provides a range of general medical services to approximately 8,460 registered patients. The practice previously operated as Yare Valley Medical Practice but moved into the new premises in March 2016 as Lionwood Medical Practice.

The practice team consists of three GPs (two female and one male). There is a management team of one GP partner and a practice business partner who hold financial and managerial responsibility for the practice. There are a team of three practice nurses, one nurse practitioners, three healthcare assistants and a number of reception and administration staff. The practice is also a training practice for medical students. (A GP registrar is a qualified doctor who is training to become a GP).

The practice is open between 8am to 6.30pm Monday to Friday. Outside of practice opening hours a service is provided by another health care provider, IC24 via the 111 service.

According to Public Health England information, the patient population aged 0 to 4 is slightly above the practice average across England and it has a slightly above average number of patients aged 85 and over compared to the practice average across England. Income deprivation affecting children is in line with the practice average across England and in relation to older people, is slightly below the practice average across England.

Good

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.

- The practice had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. 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.)
- The practice had a GP lead for safeguarding and there was information in all clinical rooms informing staff how to raise concerns.
- We found children who were were frequent visitors to Accident & Emergency or did not attend hospital appointments were reviewed appropriately by a GP, however, the practice could not demonstrate through documented meeting minutes that this information was always shared with relevant staff.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, 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.
- We saw evidence that an infection prevention and control audit had been completed in May 2018. There were no issues identified for action on the audit. We saw evidence that actions from the previous audit completed in 2017 were completed within a timely manner.
- The practice employed an external cleaning company and we saw comprehensive documentation to evidence the cleaning that took place within the practice. On the day of the inspection, we found all areas within the practice to be cleaned to a high standard.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements that we saw on the day of the inspection 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 including locum GP staff. When locum staff were utilised, the practice regularly used the same individuals for consistency.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff that we spoke with were able to identify their responsibilities during a medical emergency.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff mainly 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 approach to managing test results.
- The practice had some systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice held a weekly risk strategy group meeting with other agencies such as health visitors, school nurses and social workers to review and share relevant information.
- Clinicians made timely referrals in line with protocols. Referral letters that we viewed contained adequate information and were made in a timely manner.

Appropriate and safe use of medicines

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

Good

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice completed documented checks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice had recently recruited a pharmacist to work at the practice who, at the time of the inspection, was in the process of completing a series of reviews and audits aiming to improve patient outcomes by ensuring they were on the most appropriate medicines. The pharmacist offered appointments at the practice and completed home visits for patients unable to easily access the practice.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues such as fire safety and health and safety.
- The practice monitored and reviewed activity. This helped staff 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 mainly learned and made improvements when things went wrong.

- Staff we spoke to understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned lessons, identified themes and took action to improve safety in the practice. We saw evidence that incidents were discussed in all staff meetings and the practice disseminated learning amongst staff.
- The practice acted on and learned from external safety events. We found there was a system for acting upon patient and medicine safety alerts. We found the actions taken in relation to one alert were not recorded, however no patients were affected.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

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

(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 patient 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 in the records we viewed.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or 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 their medicines.
- All patients had a named GP, including those patients in a residential care home.
- The practice completed weekly visits to local residential and nursing homes.
- The practice followed up on older patients discharged from hospital. It ensured 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 held a monthly multidisciplinary team meeting with district nurses, admiral nurses (an admiral nurse is a nurse that specialises in dementia care) and community matrons.

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.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity 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 they identified patients with commonly undiagnosed conditions; for example, diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice held a monthly diabetes clinic with a diabetic nurse specialist.
- The practice had recently employed a practice nurse at the time of the inspection, who was responsible for conducting reviews with patients. Following the review, the practice nurse also referred patients to the practice manager who would assist the patient on an advocacy basis with forms, signposting or appropriate referrals. For example, following a recent referral a patient had been provided with a blue badge, a befriending service, enhanced benefits and respite care for their carer.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with or above the target percentage of 90%.
- The practice held a multi-disciplinary team meeting with school nursing teams, midwives and health visitors on a weekly basis.
- The practice had a room available that the community midwives were able to utilise as or when needed.

Good

Are services effective?

- 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 offered a wellbeing service at the practice. A wellbeing advisor was based at the practice on average between three or four days per week and patients were able to self-refer or be referred by their clinician.

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

- The practice's uptake for cervical screening was 74%, which was below the 80% coverage target for the national screening programme but in line with the clinical commissioning group (CCG) average of 72% and national average of 72%.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- 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 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability. The practice had 56 patients with a learning disability, 28 of those patients had received an annual health check in the previous 12 months. The practice informed us that they expected to complete more health checks because of appointing a specific nurse to complete these checks.
- The practice offered extended appointments for those patients whose circumstances make them vulnerable.

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

- The practice assessed and monitored the physical health of people with mental illness, including 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 medicines.
- 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 extended appointments for those patients experiencing poor mental health.
- The practice worked closely with the admiral nurse service and offered referrals to the service for appropriate patients.

Monitoring care and treatment

The practice had commenced a programme of quality improvement activity at the time of the inspection. Where appropriate, clinicians took part in local and national improvement initiatives.

- For example, the practice recently undertook a two-cycle audit in relation to the management of patients with Atrial Fibrillation to ensure that patients were being managed in line with current NICE guidelines. This audit showed an improvement in the number of patients being treated with an appropriate oral anticoagulant medicine.
- The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the CCG average of 98% and national average of 96%. The overall exception reporting rate was 16% compared with the CCG average of 11% and national averages of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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).
- Due to the higher than average exception reporting rate, we reviewed some of the exception reporting made by the practice and found the exceptions made in those cases to be appropriate.
- The practice used information about care and treatment to make improvements.

Effective staffing

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

- Staff had appropriate knowledge for their role; for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- 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 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 on care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health; for example, through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health; for example, stop smoking campaigns were promoted.

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.

Good

Are services effective?

- The practice monitored the process for seeking consent appropriately. We saw evidence that consent had been obtained in the records we viewed.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was very positive about the way staff treated patients.
- 16 of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. The remaining one comment card was mainly positive but also contained a negative remark in relation to accessing appointments at the practice.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice was generally in line with local and national averages for outcomes relating to kindness, respect and compassion on the national GP patient survey.
- The practice had recently employed a practice nurse at the time of the inspection, who was responsible for conducting reviews with patients. Following the review, the practice nurse also referred patients to the practice manager who would assist the patient on an advocacy basis with forms, signposting or appropriate referrals. For example, following a recent referral a patient had been provided with a blue badge, a befriending service, enhanced benefits and respite care for their carer.

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 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 had identified 86 carers and supported them; this was approximately 1% of the practice population.
- The practice was in line with local and national averages for outcomes relating to involvement in decisions about care and treatment on the national GP patient survey.

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

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- 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.
- In each clinical room there was a staff information pack which provided clinicians with information about the practice, useful telephone numbers and information for relevant agencies and 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 GPs also accommodated home visits for those who had difficulties getting to the practice, due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice offered home visits for annual reviews of long term conditions for patients who were unable to easily access the practice.
- 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 were in the process of training nurses and GPs in relation to diabetes management to provide enhanced services at the practice.

Families, children and young people:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary by the on-call GP.
- The practice offered midwifery services from the practice.

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, online access for appointment booking and telephone consultations were available.
- The first appointment daily with a GP or nurse was available at 8am to enable patients to attend prior to work.
- The practice offered advanced booking of appointments at least four weeks ahead.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with a learning disability were provided with longer appointments if needed.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

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

Good

Are services responsive to people's needs?

- Patients who failed to attend appointments were proactively followed up by a phone call from a GP.
- Patients with poor mental health were provided with longer appointments if needed.

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.

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. Patients that we spoke with were aware of how to make a complaint.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and took action as a result to improve the quality of care.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

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

Leadership capacity and capability

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

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

Vision and strategy

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

- There was a vision, "To work in partnership with our patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations". The practice developed its vision jointly with patients, staff and external partners.
- Staff were aware of and understood the vision and their role in achieving it.

Culture

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

- Staff that we spoke with stated they felt respected, supported and valued. They were proud to work in the practice. Some staff that we spoke with had worked at the practice for a number of years and commented on how well the teams work together.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 and gave us examples where this had occurred.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and wellbeing of all staff. The practice invested in annual eye tests for all members of staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- A member of staff who recently resigned from the practice commented during their leaving interview on how sad they were to leave the practice and how well the staff teams worked together.

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 processes for managing risks, issues and performance.

Good

Are services well-led?

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local incidents and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of some action to change practice to improve quality; although the practice was aware that this was an area that required further development through their planned quality improvement program.
- The practice had plans in place and had trained staff for major incidents and staff we spoke with were aware of their roles and responsibilities during major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- We saw examples where staff had acted upon information to ensure patients were provided with accurate correspondence and provided support if this did not happen.
- Quality and operational information was used to ensure and improve performance. Performance information was reviewed in conjunction with feedback from patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were effective 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 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 not an active patient participation group (PPG). However, the practice was aware that this was an area of development and had plans in place to address it. The practice had completed their own survery in 2017 in order to ensure patient satisfaction.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice was able to share examples of staff feedback which had led to changes within the practice. For example, following a staff appraisal the practice purchased new IT equipment and stationary for members of staff in order to support their work.

Continuous improvement

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

- There was a focus on continuous learning and improvement. For example, the nursing team were encouraged to undertake further training in minor illnesses.
- Staff knew about improvement methods and had the skills to use them.
- The practice is also a training practice for medical students and GP registrars. (A GP registrar is a qualified doctor who is training to become a GP).
- 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.