

Colne Road Surgery

Inspection report

36 Colne Road
Burnley
Lancashire
BB10 1LG
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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. (This was the practice's first inspection under the current provider)

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 Colne Road Surgery on 24 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 its processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- There was a strong focus on quality improvement. The provider had worked quickly to establish an understanding of gaps in previous service provision and had implemented activity to address these gaps.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system had improved in the past six months and was easy to use. They told us that they were able to access care when they needed it.
- Staff told us they felt supported by practice leaders.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw one area of outstanding practice:

- The practice had identified all patients who were moderately frail in addition to those who exhibited signs of severe frailty in order to put appropriate interventions in place and reduce the rate of patient deterioration. Out of 134 patients identified as being moderately frail, 116 had received health checks.

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.
The team also included a GP specialist adviser.

Background to Colne Road Surgery

Colne Road Surgery is situated in Burnley in East Lancashire (36 Colne Road, Burnley, BB10 1LG). It is part of the NHS East Lancashire Clinical Commissioning Group (CCG.) Services are delivered under a general medical service (GMS) contract with NHS England and are provided by SSP Health GPMS Ltd, an organisation that also operates a number of other practices across the north west of England. There are approximately 4000 registered patients. The practice is situated on a residential road with limited on street parking available nearby.

Information published by Public Health England rates the level of deprivation within the practice population group as level one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The average life expectancy of the practice population is below the local and national averages for both males and females (80 years for females, compared to CCG average of 81 and national average of 83. For males; 75 years compared to CCG average of 77 and national average of 79).

The numbers of patients in the different age groups on the GP practice register are generally similar to the average GP practice in England. The practice has 69% of

its population with a long-standing health condition, which is higher than the local average of 56% and the England average of 54%. The practice population also consists of a higher percentage of people who are unemployed at 10%, compared to the local average of 5% and national average of 4%.

The practice is staffed by a lead salaried GP and two further salaried GPs (all male). They are supported by a practice manager, an advanced nurse practitioner, a practice nurse, a health care assistant and an administration team including secretaries and reception staff.

The practice provides the regulated activities diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care, provided locally by East Lancashire Medical Services.

The current provider took over the practice in September 2017, with the location registered with CQC in November 2017. Therefore, unless stated, results used throughout the report relate to the previous registered provider.

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented 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.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- 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.

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 it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

Are services safe?

The practice learned and made improvements when things went wrong.

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

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw evidence of emails circulated to promote any updated guidance, and meeting minutes demonstrating how it was discussed fully with the clinical team. 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 older patients who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- All patients over the age of 75 were offered an annual healthcheck.
- These patients were offered a 15 minute appointment as standard.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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. Patients with multiple conditions were offered a single holistic review appointment lasting up to 45 minutes in order to reduce the need for

multiple visits to the practice. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- Patients with COPD identified as at risk of hospital admission were provided with a 'rescue pack' in order to minimise their need of hospital attendance.
- The practice's performance on quality indicators for long term conditions was either above average or in line with local and national averages. The practice was also able to share updated data (which was yet to be verified) demonstrating how its improved recall system had helped to reduce the practice's exception reporting rates (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Families, children and young people:

- Childhood immunisation uptake rates were mostly in line with the target percentage of 90% or above, although the rate for one year olds fell below this target under the previous provider. The new provider was aware of this and had taken action to address it. The practice sent an early years fact sheet to new parents providing information around vaccination schedules, breast feeding and cytology as well as other health related information to support and promote health and wellbeing. The practice had also increased the number of vaccination clinics, ensuring they were offered at times to suit families.

Are services effective?

- The practice worked collaboratively with community midwives, holding clinics in the practice for antenatal/postnatal care in conjunction with the GP or nurse.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 85% as indicated in the 2016/17 QOF results.
- The practice's uptake for breast and bowel cancer screening under the previous provider was slightly below 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 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability. Health checks were also offered to carers which included screening for any unmet emotional needs and depression; carers would then be signposted to appropriate support services as necessary.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw evidence the practice had acted quickly to establish a baseline of the practice needs on taking over from the outgoing provider and following this had implemented a thorough action plan to address the gaps identified. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice shared more current, as yet unverified data demonstrating it had maintained high QOF achievement for the 2017/18 year.
- This high QOF achievement had been attained in conjunction with a considerable reduction in the practice's exception reporting rate, meaning a greater proportion of patients were accessing the treatment they required.
- The practice used information about care and treatment to make improvements. It had acted swiftly to establish the baseline of practice performance and identified where gaps in patient care existed. We saw the practice had acted systematically to address these gaps and it was able to demonstrate the improvements it had made, in particular for example around increased uptake of health screening.

Effective staffing

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

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

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 positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results (gathered while the practice was registered with the previous provider) were variable when compared to local and national averages for questions relating to kindness, respect and compassion. However, the new provider had completed its own patient survey in March 2018 which indicated improvements in patient perceptions in this area.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results, relating to the previous provider, were below local and national averages for questions relating to involvement in decisions about care and treatment with respect to GP consultations, but above the average in respect to appointments with nurses.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a 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. 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 GP 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 are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified 116 with severe frailty and at the time of inspection had completed health checks and reviews for 67 of these patients' needs. The practice was in the process of inviting the remaining patients in for review. The practice had completed medication reviews for 85% of those patients identified as severely frail. As a result of the reviews completed, 11 patients had been referred to the falls team as a result of a risk of a fall being identified. The practice had also identified a further 134 patients as being moderately frail. Of these patients, 126 had had a medication review undertaken, and 116 health checks had been completed in an effort to delay any progression to severe frailty. One patient had been referred for walking aids as a result to minimise the risk of further falls.

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 lasting up to 45 minutes if needed, 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. 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.

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 offered in-house diagnostics such as 24 hour blood pressure monitoring and ECGs to minimise the need for patients to attend further appointments in secondary care settings.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- We saw chaperone posters were available in a number of different languages which were pertinent to the local patient population, such as Urdu and Punjabi, to ensure patients whose first language was not English were aware of the opportunity to have a chaperone present.
- The practice had recently set up a 'conversation café' on a weekly basis; a drop in social event hosted by the

Are services responsive to people's needs?

practice. 'Welfare chats' were also offered by the practice's healthcare assistant. These initiatives offered patients who may feel isolated the opportunity to interact with others.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice engaged with the local primary mental health worker, who could be contacted for advice and would see patients for assessment at the practice's request.
- The practice had identified 25 patients on its dementia register. Of these, 20 had received a face to face review at the time of inspection, with invites sent out for the remaining patients.
- The practice had engaged with a local primary care network to assist in setting up a mental health project to support teenagers in local schools who experience mental health difficulties. This project had commenced the month prior to our visit.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. The practice had adopted a methodical approach to analysis of demand and capacity to ensure sufficient appointments were offered and so improve access to services.

- 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, with noticeable improvements since the current provider took over the practice.
- While the practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment, these related to a period of time prior to the current provider taking over. The practice's own patient survey, completed in March 2018 indicated improved patient experiences around accessing appointments. This was corroborated by what patients told us as part of the inspection.

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 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.
- The provider was able to articulate clearly how it had arrived at the understanding that the practice had been experiencing difficulties meeting patient's needs under the previous leadership. The new provider had adopted a clear approach to identifying and addressing these gaps in provision, with clear evidence of the improvements made for example, around the increased uptake of health screening.
- The practice planned to become a teaching practice in September 2018.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.

- The practice focused on the needs of patients and had worked hard to re-engage with its patient cohort as well as other local stakeholders.
- 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 in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. 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.

Are services well-led?

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

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 practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Work was ongoing to ensure there was an active patient participation group.
- 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.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. Clinical staff were encouraged to attend both learning events run internally by the provider, as well as external training and development events.

Please refer to the evidence tables for further information.