

# Oxford Street Surgery

## Inspection report

20 Oxford Street  
Workington  
Cumbria  
CA14 2AJ

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<www.xxxxxxxxxxxxxxxxx>

Date of inspection visit: 18 Oct to 18 Oct  
Date of publication: 15/11/2018

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous rating October 2016 – Good)

The key questions at this inspection 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 Oxford Street Surgery on 18 October 2018 as part of our current inspection programme.

At this inspection we found:

- The practice had systems in place to manage risk so that safety incidents were less likely to happen.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were generally able to access care when they needed it.

- There was a focus on continuous learning and improvement at all levels of the organisation.
- At our previous inspection in October 2016, we told the provider that they should make improvements in some areas. We saw at this inspection improvements had been made. The practice now carries out an annual review of significant events and has implemented a process to update the practice's clinical guidelines.

There were areas where the provider should make improvements. The provider should:

- Give all staff the opportunity of an annual appraisal
- Provide training to help non-clinical staff identify the signs of sepsis
- Develop a formal business plan and/or risk register
- Promote the existence of the practice business continuity plan with staff
- Continue with plans to facilitate patient involvement in the running of the practice in the absence of a patient participation group

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser. Also in attendance was a nurse practitioner specialist advisor who was shadowing the inspection.

## Background to Oxford Street Surgery

Oxford Street Surgery provides care and treatment to approximately 6,800 patients of all ages from the Workington and surrounding areas of North Cumbria. The practice is part of NHS North Cumbria Clinical Commissioning Group and operates on a General Medical Services (GMS) contract.

When we previously inspected this practice in October 2016 it was rated as being good overall. At that time the practice was being run by a partnership which included the current registered manager, Dr Pratima Misra. Since December 2017 Dr Misra has been operating the practice as a sole provider. Due to the change in legal entity a further inspection was required.

Oxford Street Surgery provides services from the following address, which we visited during this inspection:

20 Oxford Street

Workington,

Cumbria

CA14 2AJ

The surgery is in two-storey converted commercial premises. Consultation rooms are on both floors and the

building does not have a lift. Nor does the building have automated doors which could present a problem to patients with mobility issues. A small car park and nearby on street parking is available.

Patients can book appointments in person, on-line or by telephone. Opening hours are from 8am to 6.30pm on a Monday to Friday. Patients registered with the practice are also able to access same day appointments with a GP or nurse practitioner at nearby Workington Primary Care Centre from 8am to 8pm on a Monday to Friday and from 10am to 4pm on a weekend. The primary care centre is run by Workington Health Ltd which was formed by five GP practices in the Workington area in 2014 to provide additional access to primary care services

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

The practice has:

- One lead GP (female)
- Two salaried GPs (one male and one female)
- Two nurse practitioners (female)
- Two practice nurses (female)
- Two healthcare assistants (female)

- 16 non-clinical staff members including a practice manager, medicines/reception manager, results interpreter, finance administrator, prescriptions clerks, secretaries, receptionists, administrators and cleaners.

The average life expectancy for the male practice population is 78 (national average 79) and for the female population 80 (national average 83). 20% of the practices' patient population are in the over 65 age group.

At 57%, the percentage of the practice population reported as having a long standing health condition was

comparable with the national average of 54%. Generally, a higher percentage of patients with a long-standing health condition can lead to an increased demand for GP services.

At 54% the percentage of the practice population recorded as being in paid work or full-time education was lower than the national average of 62%. The practice area is in the fourth most deprived decile. Deprivation levels affecting children and adults were higher than local and national averages.

# Are services safe?

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

## Safety systems and processes

The practice had 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. 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.)
- Staff 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 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 locum induction pack included details of recent patient safety alerts which helped ensure that clinicians were up to date with recent developments.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Emergency medicines and equipment was available and systems were in place to ensure expiry dates were checked on a regular basis.

- Some staff that we spoke to during the inspection were unaware of the practice business continuity/disaster recovery plans.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. However, they had not received any training to help them identify the signs of sepsis. 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.
- The practice had employed an ex-nurse as a results interpreter to help reduce the amount of time that GPs would normally spend reviewing test results. The role of the results interpreter was to review test results on a daily basis and prioritise any abnormal results for follow up with the on-call GP. If urgent follow-up was not required the results were assigned to one of the other GPs for review. The results interpreter also ensured that people requiring tests associated with their long-term condition were booked in for a review appointment. Patients waiting of test results were able to contact the results interpreter direct by selecting a separate option when ringing the practice. The work of the results interpreter was underpinned by a comprehensive protocol.

## 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 reliable systems for appropriate and safe handling of medicines.

- The practice performance was comparable with local and national averages in relation to the prescribing of antibacterials, antibiotics and hypnotics.

## Are services safe?

- A pharmacist employed by the local clinical commissioning group (CCG) attended the practice on a regular basis to support practice staff with medicines optimisation, safe and cost-effective prescribing
- The practice participated in high risk drug monitoring enhanced services. They had a comprehensive policy in place to govern the monitoring of high risk drugs in line with national guidance.
- An effective process was in place to manage and store medicines requiring refrigeration. There was evidence of appropriate action being taken when the cold chain had been compromised.
- Staff prescribed and 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 some arrangements in place to ensure safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice 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 provider and 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.
- Clinical staff met weekly to discuss patients causing concerns, implementation of best practice guidance and other issues. The nursing team also met on a monthly basis.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs and regular medication reviews. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Together with four other GP practices the practice had founded Workington Health Ltd which included a frail and elderly assessment team as well as a dressings and vascular service and extended access to urgent GP and nurse practitioner appointments.
- Systems were in place to ensure there was appropriate and timely follow up of older patients discharged from hospital.
- 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. 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention when appropriate. 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)
- The practice's performance on quality indicators for long term conditions was comparable to local and national averages.

### Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice opened on selected Saturdays to provide a family planning clinic, including contraceptive implants and intrauterine systems, and a minor operations/procedures clinic.

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

- The practice's uptake for cervical screening was 77%, which was comparative to the CCG average of 78% and CCG average of 72%. However, this was below the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was comparable with local and national averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

# Are services effective?

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice participated in a scheme to ensure patients with a history of aggressive behaviour were able to access primary care services

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 ensured they were referred to the local mental health crisis team.
- 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 in line with local and national averages.
- The practice had identified that they had a high proportion of younger patients abusing substances and with mental health issues. They therefore hosted a specialist drug and alcohol clinic on a weekly basis which enabled rapid access for their patients.

## Monitoring care and treatment

The practice had a 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.

- Practice attainment for the 11 clinical indicators in the Quality and Outcomes Framework (QOF) scheme 2016/17 were comparable with local and national averages.
- At 5.4% their overall QOF exception rate was comparable to the local average of 5.4% and national average of 5.7%.

- The practice used information about care and treatment to make improvements.
- The practice was involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

The QOF data above relates to published QOF data for 2016/17. The practice was able to provide as yet unpublished or verified data for 2017/18 which showed that:

- The practice had attained 97% of the total points available to them.
- They had attained 100% for 15 of the 19 separate clinical indicators. We had no concerns with the attainment rate for three of the other four indicators but at 76% the attainment rate for chronic obstructive pulmonary disease (COPD) was low. The practice manager told us this had largely been due the resignation of one of their respiratory nurses in September 2017. The practice had 161 patients on their COPD register.
- The overall clinical exception rate was 10.6%. This was higher than the clinical exception rate for 2016/17 which was 5.7%

## 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. There was an induction programme for new staff. However, some staff we spoke with had not been given the opportunity of an annual appraisal.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

# Are services effective?

- Clinical staff had regular meetings.

## 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. Feedback from attached staff who we spoke with in advance of the inspection was good.
- 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 were comparable with local and national averages for questions relating to kindness, respect and compassion.

## **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 held a register of patients with caring responsibilities. Carers were offered an annual health check and influenza vaccination and were signposted to appropriate help and support agencies.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- A notice was displayed in the waiting room of the surgery advising patients that they could request a discussion in private if they preferred to do so.
- 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. For example, they had recognised that patients across Workington were generally dissatisfied with access to appointments so had worked with other practices in the area to develop access to same day appointments at Workington Primary Care Centre.

- 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.

### 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.
- Practice clinicians regularly liaised 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 in need or those who had a high number of accident and emergency (A&E) attendances.

### 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, appointments every weekday from 8am until 6.30pm.
- Patients registered with the practice are also able to access same day appointments with a GP or nurse practitioner at nearby Workington Primary Care Centre from 8am to 8pm on a Monday to Friday and from 10am to 4pm on a weekend
- Telephone appointments were available.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode and those who had previously been excluded from primary health services due to aggressive behaviour.

### 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.
- One of the salaried GPs was a member of the Parkinson's Disease team for West Cumbria and was experienced in the assessment of dementia and introduction of cognitive enhancing medication.

## 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.

## Are services responsive to people's needs?

- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- National GP patient survey results published in July 2017 and July 2018 showed that practice attainment was comparable with local and national averages for questions relating to access to care and treatment.

### **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 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.

## 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 but did not have a formal supporting business plan to help monitor and achieve priorities. The practice manager told us that their focus for the past two years had been on practice sustainability and succession planning and that this was documented.
- 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.
- 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. However, not all staff were given the opportunity of an annual appraisal during which they could discuss training and personal development needs.
- Systems and processes were in place to support 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 some clear and effective processes for managing risks, issues and performance.

- There was an evidence of ongoing discussions to identify, understand, monitor and address current and future risks including risks to patient safety. This included recruitment and retention of staff, succession planning and working at scale. However, there was no formal risk register or business plan to document and monitor risks.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

# Are services well-led?

- There was evidence of recent clinical audit activity that could demonstrate a positive impact on quality of care and outcomes for patients.
- The practice had plans in place for major incidents, including disaster recovery and business continuity plans. However, some staff we spoke with were unaware of the practice business continuity plan and arrangements.
- The practice considered and understood the impact on the quality of care of service changes or developments.

## Appropriate and accurate information

The practice acted upon 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.
- The practice patient participation group was no longer in existence due to lack of interest. The practice was in the process of looking at digital solutions to encourage better patient feedback and involvement. This would include the use of social media and an improved text messaging system to gather feedback from adult patients shortly after their appointment.
- 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 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.

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