

Willaston Surgery

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 Willaston Surgery on 21 August 2018 as part of our inspection programme.

At this inspection we found:

- The practice had 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. However, improvements should be made so that all staff are familiar with and fully involved with the significant event learning and improvement process.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. 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 able to access care when they needed it.
- There were systems in place to mitigate safety risks including health and safety, infection control and dealing with safeguarding.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the premises had some constraints for access to patients with limited mobility. The practice made reasonable adjustments to accommodate these patients.

- There was a clear leadership structure and staff felt supported by management.
- The practice reviewed and considered patient views through surveys and feedback.
- Staff worked well together as a team, knew their patients well and all felt supported to carry out their roles.
- There was a focus on learning and improvement at all levels of the organisation.
- The provider was aware of the requirements of the duty of candour.

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

- Review the implementation of policies that are specific to the practice, easily accessible and understandable and enable staff to effectively carry out their role
- Review training in the significant events and incident reporting policy and procedures to ensure staff are familiarised with the local policies and fully involved in the learning process.
- Review the security of the clinical waste bins stored outside the building.
- Review the system for safety alerts received by the practice to ensure action taken is documented.
- Review the inventory for medical equipment calibration to ensure all items are serviced and calibrated accordingly and no items are missed during the annual checks.
- Review the implementation of an audit plan or programme to include audits based on local, national and service priorities.
- Review methods to identify and increase the list of carers to enable the practice to provide appropriate support.

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 included a GP specialist adviser and a practice manager specialist advisor.

Background to Willaston Surgery

Willaston Surgery is registered with the Care Quality Commission to provide primary medical services. The practice is registered as a location under the provider Cheshire and Wirral Partnership NHS Foundation Trust. The trust provides a range of health services, including mental health services, across Wirral, Cheshire, Southport and Sefton areas. They operate two GP practices and the GP out of hours service for West Cheshire.

Willaston Surgery holds an Alternative Provider Medical Services (APMS) contract with NHS England.

The practice team consists of four GPs, one practice nurse, a practice manager and office manager, reception and administration staff.

The total practice list size is 4300. The practice is part of West Cheshire Clinical Commissioning Group (CCG). The

practice is situated in a more affluent area that has lower than average areas of deprivation. The practice population is made up of a higher than national average population aged over 65 years and a lower than national average of younger aged patients.

It is registered to provide the following regulated activities:

Diagnostic and screening procedures

Family Planning

Maternity and midwifery services

Treatment of disease, disorder or injury

Out of hours primary medical services are accessed by calling NHS 111.

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. 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.)
- Safeguarding policies and procedures for adults and children were in place; There were local safeguarding flowcharts which staff were familiar with and these contained relevant contact details for staff to refer to. These were displayed in all clinical and non-clinical areas.
- 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 were systems in place to manage infection prevention and control. The practice had a range of infection control policies and procedures, these were accessible through the provider's intranet. Cleaning schedules were in place for the environment and these were monitored. Staff were able to detail clinical cleaning of their rooms however there were no documented cleaning schedules for these.
- The practice had a Legionella risk assessment undertaken in 2013. Control measures were in place such as monitoring of water temperatures, however the risk assessment had not been reviewed at regular periods or since it was carried out. Following the inspection, the provider sent us information to that assured us the Legionella risk assessment was planned to be reviewed in the near future.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

Clinical equipment in the practice was maintained, serviced and calibrated accordingly. However, we found a set of weighing scales in a clinical room that had been missed from the annual checks and had not been calibrated since 2016. We were told these would be taken out of use until they had been suitably serviced and calibrated.

- The clinical waste bin was located outside the building. This was locked but not secured. The area in which it was stored was accessible to the public.

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.
- Paper patient records were stored safely and securely in locked rooms.
- 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

Are services safe?

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

- The systems for managing and storing medicines, including vaccines, emergency medicines and equipment, minimised risks.
- The system for documenting prescription pads and monitoring their use aided safety.
- 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 acted 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 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 risk assessments in relation to safety issues for the building in which the practice was located, such as fire safety and security. However, we did not see any general environmental risk assessments for the practice that were current and up to date. Following the inspection, the provider sent us evidence to demonstrate that a full risk assessment had been undertaken shortly after the inspection.

- 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. The significant event reporting and analysis policy and procedures were accessed through the provider's intranet. The document was large and not easy to follow. Some staff were not clear about what constituted a significant event.
- There were adequate systems for reviewing and investigating when things went wrong. The provider reviewed them, but we found that not all practice staff were fully involved in the process in order to learn from and improve.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. However, the system in place did not include fully documenting the actions taken when required.

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 .

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. This data relates to the previous provider who were operating this service during the stated timescales. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Routine extended appointments were offered so that more than one problem could be discussed at a consultation.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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 and robust recall system to check their health and medicines needs were being met. For patients with the most complex needs, the GPs 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.
- 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).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice told us they were performing well and in line with targets, however we could not verify the data.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice offered six-week post-natal appointments to coincide with the baby's six-week check for the convenience of the mother.
- Same day appointments were always offered to babies and children if required.
- Sexual health screening for young people was supported and offered by the practice.

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

Are services effective?

- The practice's uptake for cervical screening was 78% (2016/2017 and for the previous service provider) and comparable to other practices. We did not see any more up to date information for the practice.
- 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 40-70. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice offered telephone consultations for those patients unable to attend the surgery and text message reminders and cancellation services.
- The practice had implemented an online consultation service (eConsult).
- 83% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 75% of patients experiencing poor mental health had received discussion and advice about alcohol consumption.
- 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 and extended appointments to patients experiencing poor mental health.

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 substance/alcohol misuse and those with a learning disability. Longer appointments were routinely offered. Regular reviews were undertaken and carers were encouraged to attend the appointments.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Safeguarding systems and processes were in place. The practice worked with the local safeguarding and healthcare teams in safeguarding people.

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.
- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months.

Monitoring care and treatment

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. This data relates to the previous provider who were operating this service during the stated timescales).

The practice could show us some quality improvement activity and they reviewed the effectiveness and appropriateness of the care provided. Some clinical and procedural audits were undertaken. However, there was no audit programme or plan in place that was based on local, national and service priorities. Where appropriate, clinicians took part in local and national improvement initiatives such as benchmarking with other practices in the area.

- The most recent published Quality Outcome Framework (QOF) results were 92% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 98% and national average of 96%.
- 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.

Are services effective?

- 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.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, mentoring and support for 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 information with relevant professionals when deciding care delivery for people with long term conditions. They shared information and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children.
- 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.

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 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, management and control of diabetes.

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.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff demonstrated an understanding of patients' differing personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The latest survey results recently published (July 2018) showed that the practice was rated higher than other practices within the Clinical Commissioning Group (CCG) for its satisfaction scores on consultations with GPs and nurses.
- All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced at the practice.

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, translation services 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 1% of their patient population as being carers. They offered them support and signposted them to various other support services.
- Results from the most recent national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages.
- Patient feedback to us showed that GPs and nurses involved patients in discussions about treatment and services offered by the practice.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. 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 practice had implemented an online consultation service (EConsult).
- The facilities were appropriate for the services delivered.

The consultation rooms were located over two floors with the upper floor being difficult to access by people with mobility difficulties. Patients with mobility difficulties would be accommodated by use of the ground floor rooms as needed.

- 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.
- The practice offered extended hours on site on a Saturday and Sunday morning until 12pm. Appointments were available with the doctors or the nurse.
- Extended hours appointments were available for all patients registered in West Cheshire at locations in the area. A routine appointment could be booked up to 2 weeks in advance, in the evenings and Saturday and Sunday mornings at a number of locations in the area. Extended hours operated:
 - Monday to Friday 6.30pm – 8pm and sometimes 9.30pm
 - Saturday 9am – 12pm
 - Sunday 9am – 3pm in some locations

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, extended appointments 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.
- There was a robust recall system for identifying and inviting patients for reviews.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Children who failed to attend appointments within primary and secondary care including for immunisations were followed up.

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, telephone consultations, online services including eConsult , extended opening hours and Saturday and Sunday appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with substance/alcohol misuse and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode if needed.

Are services responsive to people's needs?

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 held a register of patients with mental health needs and tailored services to meet their specific needs.

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 from reception and on the website, however there was no displayed complaints process.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints.

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 were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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 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. They knew their patients and families well and understood their specific needs.
- 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 needed. This included appraisal and career development conversations. All staff had received regular six weekly one to one supervision meetings in the eight months since the new provider had taken over. 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 learning and professional development.
- The practice actively promoted equality and diversity. 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 interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The provider had a range of established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, some of the policies (such as significant event reporting and analysis and infection control) needed to be specific to the practice and reviewed and updated regularly.

Managing risks, issues and performance

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

- Health and safety risk assessments including fire safety and Legionella were out of date and in need of review. There was no general health and safety environmental risk assessment in place for the practice. However, following the inspection, the provider sent us further

Are services well-led?

information. The general environmental health and safety risk assessment had been undertaken shortly after the inspection. They also provided us with information to confirm that the fire and Legionella risk assessments were planned in to be reviewed in the very near future.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through one to one meetings, appraisal (once implemented) and monitoring of their work. The provider and practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- There were some clinical audits that had been undertaken in the last 12 months by individual clinicians. However, the practice did not have an audit plan or programme based on local, national and service priorities.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG) who worked well with the practice and felt valued and listened to.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were 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 review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.