

The Redwell Medical Centre

Inspection report

Redwell Medical Centre
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Wellingborough
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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. (Previous inspection September 2015 – Good)

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 Redwell Medical Centre on 10 July 2018. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- 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 focussed and targeted approach to Quality and Outcomes Framework (QOF). Achievements were monitored throughout the year and discussed at clinical meetings.
- The practice exceeded the national targets for child immunisations.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had identified 440 patients as carers which equated to approximately 4% of the patient list.

- The practice had developed a Collaborative Care Team to monitor and manage the care of patients who were at end of life, frail or at risk of unplanned hospital admissions.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice was part of a local GP federation and participated in pilots to improve access to, and availability of, GP appointments.
- The practice was a training practice and provided placements for medical and nursing students.
- The practice had not reviewed the emergency medicines required to be held when they offered a new service. They did not hold a supply of one recommended emergency medicine and at the time of our inspection we found that risk was not formally assessed in the absence of this.
- The practice managed complaints in line with recommended guidance. However, the complaints policy and leaflets for patients did not contain the timeframes for responding to complaints.

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

- Review the emergency medicines that the practice required for the care and treatment carried out and complete formal risk assessments for any medicines not held.
- Review and update the complaints documentation with the recommended timeframes for responding to complaints

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

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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to The Redwell Medical Centre

The Redwell Medical Centre provides a range of primary medical services to the residents of Wellingborough. The practice has a registered manager in place. A registered manager is an individual registered with CQC to manage the regulated activities provided. The regulated activities registered to provide are:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

At the time of the inspection we noted the practice was not registered to provide Family planning services. We have received assurances that an application is now in progress for this registered activity.

The practice provides primary medical services under a general medical services (GMS) contract from its purpose-built location of The Redwell Medical Centre, 1 Turner Road, Wellingborough, NN8 4UT. Online services can be accessed from the practice website

The practice has approximately 12,100 patients. The practice population is of mixed ethnicity with an average age range. National data indicates the area is one of mid deprivation.

The practice is led by four GP partners, three male and one female and they employ two salaried GPs, one male and one female and a female clinical pharmacist. The nursing team consists of four general practice nurses and three health care assistants all female. There is a team of administrative and reception staff and a site supervisor all led by the practice manager and assistant practice manager.

The practice is a teaching practice and provides placements for medical and nursing students.

The Redwell Medical Centre is open from 8.30am to 6.30pm Monday to Friday with the telephone lines open from 8am. Extended opening hours are offered every Saturday from 8am to 11am.

When the practice is closed out-of-hours services are provided by Integrated Care 24 and can be accessed via the NHS 111 service.

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.)
- There was a lead GP for safeguarding who was supported in the role by a lead nurse for safeguarding.
- 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. Locum packs were available for temporary GPs to familiarise themselves with local policies and protocols.
- 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.
- 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.
- A team of administration staff had been trained to manage communications coming into the practice from secondary care that ensured the clinicians were aware of all required actions.

Appropriate and safe use of medicines

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

- Data showed the practice was in line with others both locally and nationally for prescribing.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- 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.
- A clinical pharmacist was employed to complete medicine reviews for patients.

Track record on safety

The practice had a good track record on safety.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues. For example, control of substances hazardous to health and infection control, fire and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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

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 was a significant event policy in place and reporting forms were available for staff to complete on the practice computer system.

- 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.
- The practice had an understanding of the Duty of Candour.

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.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had developed their own treatment templates within the patient computer record system that reflected National Institute of Clinical Excellence (NICE) guidance.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had a Collaborative Care Team to monitor and manage the care of patients who were frail or at risk of unplanned hospital admission. These patients were reviewed each month with the multi-disciplinary team.

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. This was completed by their

usual GP or the clinical pharmacist. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Nursing staff were trained to review patients with long term conditions such as asthma, chronic obstructive pulmonary disease, diabetes and high blood pressure.
- 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 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 above average in many areas. For example, the practice achieved 100% of available points for the care of patients with diabetes compared to the CCG average of 94% and the national average of 93%.
- The practice had a focused and targeted approach to managing the review of patients with long-term conditions.
- A diabetic specialist nurse from secondary care worked with the practice nurses to advise on patients with complex diabetic needs.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% and exceeded 95% for three out of the four vaccinations given to two year olds. The nursing team were supported by two members of the administration team to remind parents and guardians of immunisation appointments.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- One of the nurses was an identified safeguarding lead who liaised with the health visiting team for any safeguarding concerns.

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

- The practice's uptake for cervical screening was 75%, which was below the 80% coverage target for the

Are services effective?

national screening programme. The achievement was comparable with the CCG average of 73% and the national average of 72%. The practice reminded eligible patients of the need for cervical screening when they attended the practice for other issues.

- The practices' uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had completed 90 health checks since April 2018.

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 Collaborative Care Team reviewed and monitored these patients.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with a learning disability were offered an annual health check. The practice had 54 patients on the learning disability register and had completed 49 health checks in the previous year.
- 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 practices performance on quality indicators for mental health was in line with local and national averages.
- A wellbeing and IAPT (Improving Access to Psychological Therapies) counsellor and a mental health specialist nurse visited the practice every two weeks to see patients experiencing poor mental health.

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.

- The practice had achieved the maximum overall QOF score of 100% for 2016 to 2017 with an overall exception rate of 5%. This was above the CCG average score of 97%, with an exception rate of 7%, and the national score of 96%, with an exception rate of 6%.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- A programme of clinical audit was in place that included the review of patients who were prescribed high-risk medicines.
- At clinical meetings the GPs peer reviewed a sample of referrals to secondary care for particular conditions to ensure appropriate referrals were made and to identify learning from others decision making processes.

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.

Are services effective?

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- A member of the nursing team had completed mentorship training so they could mentor student nurses on placement with the practice.
- 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 to, 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.
- Patients were referred to a local authority run organisation called First for Wellbeing for lifestyle advice that included diet, weight management and smoking cessation.
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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 treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with others both locally and nationally for its satisfaction scores on consultations with GPs and nurses.

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.
- Interpretation services were available for patients who did not have English as a first language.
- 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.
- Results from the July 2017 annual national GP patient survey showed how patients felt they were involved in decisions about their care and treatment. The practice was comparable with others both locally and nationally.

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/did not take account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, online services such as repeat prescription requests and advanced booking of appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. Consultation and treatment rooms were on the ground floor and an access enabled toilet was available.
- 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.
- 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:

- 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 under the age of 18 were offered a same day appointment when necessary.
- Appointments were available outside of school hours and on Saturday mornings.
- A child immunisation clinic was held once a week in addition to ad-hoc appointments at times to suit the patient.
- Four appointments per day were available with a paediatric nurse from the CATCH (Community Action Team Can Help) team at a local medical centre on Monday to Friday mornings where they treated any patients aged five and under.

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 were offered every Saturday morning between the hours of 8am and 11am for pre-booked appointments for all patients but especially for those who were at work during normal opening hours.
- The practice was part of a pilot in Wellingborough town to participate in a local extended access hub which was open between 6.30pm and 8.00pm on week days and 8am to 12pm at weekends. There were a number of pre-booked and same day appointments available for each practice participating, dependant on their list size. The hub was staffed by clinicians from all of the participating practices.
- Temporary patient registration was available for students during holiday periods.

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.

Are services responsive to people's needs?

- Patients who were monitored by the Collaborative Care Team were informed of a direct access telephone number so they could bypass reception to contact the practice.

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.
- longer appointments times were available for patients with multiple problems.
- Posters and leaflets in the patient waiting area advised of support services available and the services available for Veterans.

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.

- There were some negative comments from patients that it was sometimes difficult to obtain an appointment.
- The practice had taken actions in response to the GP patient survey scores for getting through to the practice by telephone and the overall experience of making an appointment.

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.
- From the complaints we reviewed and from speaking with the complaints lead we could see the practice was following recognised guidance when dealing with complaints. However, the complaints policy and patient complaints leaflet did not contain the recommended timeframes for responding to complaints.
- 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.

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.
- 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 and quarterly one-to-one meetings 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. They had received appropriate training and could demonstrate when and how they would raise concerns.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- 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.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a small patient participation group. The practice were trying to recruit new members to the group.
- The service was transparent, collaborative and open with stakeholders about performance.
- Staff were encouraged to contribute to the development of the practice and provide solutions to any operational difficulties.

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.
- The practice was part of a local GP federation and participated in pilots to improve access to and availability of GP appointments.

Please refer to the evidence tables for further information.