

# Ramsbottom Medical Practice

## Inspection report

Ramsbottom Health Centre  
Carr Street, Ramsbottom  
Bury  
Lancashire  
BL0 9DD  
Tel: 01706824413  
[www.ramsbottomhc.nhs.uk](http://www.ramsbottomhc.nhs.uk)

Date of inspection visit:  
Date of publication: 10/08/2018

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 November 2016 – Good)

We carried out an announced comprehensive inspection at Ramsbottom Medical Practice on 11 July 2018 as part of our inspection programme

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

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.
- 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 was a strong focus on continuous learning and improvement at all levels of the organisation.

**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) inspector. The team included a second CQC inspector a GP specialist adviser and a practice nurse specialist adviser.

## Background to Ramsbottom Medical Practice

Ramsbottom Medical Practice provides general medical services to 8459 patients within the Bury Clinical Commissioning Group area. Services are provided from Ramsbottom Health Centre, Carr Street, Ramsbottom, Bury, Lancashire BL0 9DD

The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered:

Website: [www.ramsbottomhmc.nhs.uk](http://www.ramsbottomhmc.nhs.uk)

Information taken from Public Health England placed the area in which the practice is located as number nine on the deprivation scale of one to ten. (The lower the number the higher the deprivation). In general, people living in more deprived areas tend to have greater need for health services.

The practice offers services that include the national screening programmes for cervical screening, breast screening, bowel screening and abdominal aortic aneurysm screening.

The patient population comprises of:

White: 96.8%

Mixed race: 1.2%

Asian: 1.6%

Black: 0.3%

Other race: 0.1%

There are five GPs working at the practice. Two GPs are partners (one male and one female) and three are salaried GPs (two male and one female). The GPs work between four and eight sessions per week. There is a practice nurse, two health care support workers and a phlebotomist. All of these staff are female and work part time. There is a practice manager and an office manager who lead a team of reception staff.

The practice's regulated activities are:

Diagnostic and screening procedures

Family planning

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

# 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 person responsible for infection control at the practice had not completed any additional training for their role. We were informed shortly after the inspection that this issue had been addressed and that additional training had been sought for the person responsible for infection control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

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

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

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

## Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- 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 some reliable systems for appropriate and safe handling of medicines.

- There were systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, we noted that prescriptions were not stored securely and there was no formal system to check on uncollected prescriptions. We were informed immediately after the inspection that these issues had been addressed.
- 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.
- A pharmacist was employed at the practice. Their role was to carry out reviews of patients' medicines, follow up patients after hospital discharge, carry out dementia assessments and asthma reviews and review of patients with long term conditions. They were involved in an antibiotic prescribing audit with the GPs. This was instigated by the Bury Clinical Commissioning Group.

## Are services safe?

- The pharmacist told us they received good support from the GPs and was kept informed about practice issues by the practice manager.
- The temperature of the fridge used to store vaccines was monitored to ensure the safekeeping of medicines. The fridge also had an electronic temperature monitoring device fitted although this was not working. We were informed shortly after the inspection that this issue had been addressed and that new fridge thermometers had been purchased to ensure the temperature of the fridge could be accurately monitored.
- Patients were asked to leave samples in a box at the reception desk. However, this box also contained other patients' samples which included patient identifiable information. This meant patient confidentiality was not maintained. We were informed shortly after the inspection that this issue had been addressed. The box to collect samples had been removed and patients now gave their sample directly to a member of the reception staff.

### Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues such as infection control and fire safety. Electrical equipment was tested and calibrated for its safe use.

- 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 GP partners discussed significant events regularly and information was shared with relevant staff verbally. A member of the clinical team was not always informed of this information and discussions held were not always recorded. We were informed shortly after the inspection that this issue had been addressed and that significant events were discussed with all relevant staff.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

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

# Are services effective?

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

## 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. For example, guidance issued by the National Institute for Clinical and Health Excellence (NICE) was followed when dealing with young people with mental health problems.

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 were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of 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.
- One of the GPs had completed additional dementia training and was able to investigate, diagnose and treat patients with uncomplicated dementia.
- There was a daily duty doctor and emergency appointments were available for use on the day.
- GPs worked with and referred to community based services. For example, the community Chronic Obstructive Pulmonary Disease (COPD) clinic, the heart failure and mental health nurses and the frailty and falls service.

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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, COPD, atrial fibrillation and hypertension.
- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who were currently treated with anticoagulation drug therapy was above the Clinical Commissioning Group (CCG) and national average.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% for three areas and below in one area.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Weekly baby clinics were held. The practice also provided weekly child health surveillance appointments.
- Any child under 10 years of age was offered a same day appointment.
- All staff had regular updates on child safeguarding procedures to the appropriate level.
- Health visitors were based at the same health centre which enabled the GPs to hold regular meetings to discuss children and families on the 'at risk' register.
- The GPs had recently organised a learning time initiative about prescribing infant formula in response to patient

## Are services effective?

requests. The GPs worked closely with the dietician for advice and guidance. The practice staff now follow the new guidelines developed in conjunction with the new pathway for infants with Cow's Milk Protein Allergy.

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

- The practice's uptake for cervical screening was 76%, which was in line with the 80% coverage target for the national screening programme.
- The practice uptake for breast cancer screening was in line with the CCG and national average. The practice uptake for bowel cancer screening was above the CCG and 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.
- Patients had access to a range of appointments including routine appointments, pre-bookable and same day appointments. Appointments could be booked on line for ease. Telephone consultations were also available.
- Prescription requests could be made online and the practice used a system to allow collection of medication directly from local pharmacies.

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 or who could find it more difficult to access health care including homeless people, people with dementia and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice cared for patients living at a local care home and one of the GPs did a weekly ward round. Patients medicines were monitored and reviewed and routine and necessary health checks were carried out. All of these patients had a documented care plan.

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 and interventions. The frequency of the assessment was determined by the patient's needs.
- GPs promoted and encouraged self-care with regards to patients' physical health. Patients were referred to Bury Exercise and Therapy Scheme and health trainers as appropriate for physical activity. These services also provided advice on obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- Patients with severe or enduring mental health problems usually received secondary care services. GPs responded in a timely manner to any communication received with regard to changes in medication and any extra reviews that were requested.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was above the CCG and national average.

### 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. Where appropriate, clinicians took part in local and national improvement initiatives.

- 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.

### Effective staffing



# Are services effective?

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 contraception.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- An advanced nurse practitioner was due to start working at the practice in August 2018.

## 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 had 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 and tackling obesity.
- The practice staff worked with a local charity supporting families in poverty. They provided food and essential supplies to people in need.
- Bury Carers held a regular drop-in session to provide carers with information and advice on the local services available to them.
- Staff were trained to understand the needs of homeless patients and worked with a local charity to help provide clothing, toiletries and bedding.

## Consent to care and treatment

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

- 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 in line 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 as needed.
- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice proactively identified carers and supported them.
- 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.

- 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 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 facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held meetings with other health care professionals 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 attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and weekend appointments through the out of hour's service.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Homeless patients had been identified and the practice worked with them and local support services and charities to ensure their care needs were met.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Families looking to get power of attorney for their relative were given information about the process and GPs would arrange to have their relative see a private psychogeriatrician, in order to assess their capacity if needed.

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

- Staff interviewed understood how to support patients with mental health needs and those patients living with dementia.
- GPs monitored patients' mental health including those with dementia. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Patients diagnosed with depression were routinely told about the support organisation Healthy Minds so they could make a self-referral if they needed extra support. Patients were also given information about how to access crisis services.

# Are services responsive to people's needs?

- Post-natal patients with possible depressive symptoms were identified during post-natal checks.
- The practice promoted self-care for patients with a depressive illness and would refer to the health trainer service if necessary.
- All patients with dementia were offered an annual review, or more often if needed, either in the surgery or at home, where their needs were assessed and any clinical checks carried out.

## 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.
- Most patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line 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.
- Complaints were analysed annually to identify trends and patterns. Action was taken to address any identified themes to prevent them from reoccurring.
- Complainants were responded to within a reasonable timescale. However, patients were not given information about how to contact the ombudsman if they were unhappy with the outcome of their complaint.

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

# Are services well-led?

Detailed findings narrative goes here... **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 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 in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were clear and effective clarity around 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.
- 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.

## Are services well-led?

- 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, staff and external partners to support high-quality sustainable services.

- A range of patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture.
- The patient participation group had recently been disbanded due to a lack of members. During the

inspection we discussed different ways of trying to reinstate the group. The practice manager was open to new ideas to encourage more patients to be involved and giving the group a focus for its future development.

- The service was transparent, collaborative and open with stakeholders about performance.
- The practice invited patients to complete the NHS Friends and Family Test (FFT) when attending the surgery or online. The FFT gave every patient the opportunity to feed back on the quality of care they had received.

### 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.

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