

RK Medical Practice

Inspection report

Brownley Green Health Centre
171 Brownley Road
Manchester
Lancashire
M22 9UH
Tel: 0161 493 9493
Website: rkmedicalpractice.co.uk

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. This was the first inspection of this GP practice under this registered provider.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at RK Medical Practice

on 24 October 2018. The GP registration with the CQC for the provision of this service was completed in February 2018.

This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- Patient feedback on the quality of care and treatment they received was positive.
- 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.

- The practice was actively implementing initiatives to improve patient attendance at their long-term health care condition reviews. 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. Feedback from some patients indicated that the reception team were not always helpful.
- Thirty-eight comment cards we received spoke positively about the practice. Four comments cards indicated they found the appointment system difficult to access. Patients told us they could get an urgent appointment when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Implement quality improvement initiatives to further improve patient outcomes.
- Undertake an annual review of significant events and complaints to identify themes.
- Maintain logs of actions undertaken in response to patient safety alerts and the verbal feedback given to patients in response to their complaint.
- Establish a programme of clinical audit and re-audit including antibiotic prescribing.

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 CQC lead inspector. The team included a GP specialist adviser.

Background to RK Medical Practice

RK Medical Practice is situated in a purpose-built health centre at 171 Brownley Rd, Wythenshawe Manchester, M22 4GL. This facility is shared with another GP practice and various community health services, including the district nursing team. The practice has 4700 registered patients and is part of Manchester Clinical Commissioning Group (CCG). Services are provided under a General Medical Services contract with NHS England.

The practice has two male GPs, one the registered provider, the other a salaried GP. The practice staff consists of a practice manager, a practice nurse, and a number of reception and administration staff.

The practice has appropriate facilities, disabled access and car parking. There are three consultation rooms and two treatment rooms utilised by the practice.

The surgery is open from 8am until 6:30pm Monday to Friday and is also a part of a federation of GP practices who provide extended hours cover in the area from 8am to 8pm, Monday to Friday, as well as on Saturday and Sunday. Patients can attend appointments at a small number of local health centres as part of this arrangement.

Out of hours services are provided by Go to Doc via NHS 111.

The practice is a teaching practice, supporting medical students.

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

The numbers of patients in the different age groups on the GP practice register is generally similar to the average GP practices in England. The practice has a higher percentage (60.6%) of its population with a long-standing health condition when compared to the local CCG average (53%) and the England average (53.7%). The practice has 56.4% of its population with a status of being in paid work or in full-time education, which is below the CCG average (62.8%) and the England average (61.9%). 12.5% of the practice population is unemployed which is above the CCG average (8.8%) and the England average of (4.9%).

The practice provides, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

Risks to patients

There were 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. A locum information folder was available that provided comprehensive information including relevant contact details. In addition, a locum equipment box was also available which provided the temporary staff member with clinical equipment they may need during their patient consultations.
- 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 reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had not reviewed its antibiotic prescribing within the last 12 months. They confirmed they worked closely with the clinical commissioning group (CCG) medicine optimisation team. They contacted the team at the time of our visit and it was confirmed that an antibiotic prescribing audit was planned. The practice 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 on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

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

Are services safe?

- There was evidence that patient safety alerts were reviewed by all clinicians and we saw evidence these were actioned. However, a log of the actions undertaken was not maintained.

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. The practice had not analysed significant events or complaints to identify trends and themes.
- The practice acted on and learned from external safety events.

Please refer to the evidence tables for further information

Are services effective?

We rated the practice and all 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 offered patients in house ultrasound scanning.
- 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 vulnerable received a full assessment of their physical, mental and social needs. The practice worked closely with the community based health care support service High Impact Primary Care (HIPC). HIPC took responsibility to provide holistic, comprehensive care and support including GP and nursing care to the practice's 50 most vulnerable and frail patients.
- 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.
- Housebound patients benefited from visits from the practice nurse for reviews and vaccinations.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- GPs offered carers identification forms when on home visits to encourage them to register and received additional support.

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. The practice implemented a

range of strategies to encourage patients to attend these reviews. They monitored weekly patient attendance and the practice performance in achieving its targets.

- 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 could 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 were improving although exception reporting was also higher. (Exception reporting is the removal of patients from the performance indicator calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had recognised their exception reporting had increased and were implementing strategies to reduce this in 2018/19.

Families, children and young people:

- The World Health Organisation (WHO) target for childhood immunisation rates was 95%. The practice's childhood immunisation uptake rates for children two years and above exceeded this with 96% achievement. The childhood immunisation target for one-year olds was below this at 88%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The national screening programme uptake for cervical screening has a coverage target of 80%. The practice's uptake for cervical screening was 65.2% which was

Are services effective?

above the local average of 64.8% but below the England average of 72.1%. The practice was proactive in recalling patients for this test, including direct telephone calls, and opportunistic screening. The practice used coloured writing paper and envelopes to invite patients to attend for this screening. Research had shown that this strategy improved patient attendance.

- The practice's uptake for breast screening was above local average but below the national average. The practice had undertaken a three-cycle audit of two-week referrals for suspected cancers. Actions implemented following the first and second cycles demonstrated improvements when these were re-audited.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- In house smoking cessation clinics were offered to working adults at flexible times.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, those with a learning disability and veterans.
- The practice was a 'safe surgery' enabling homeless people to register with the minimum of identification requirements.
- The practice also supplied food bank vouchers to those patients in need of this support.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity,

obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The published data available regarding the practice's performance on quality indicators for patients experiencing poor mental health including dementia for 2017/18 showed significant improvements on the previous year's results which were approximately 10% above local and national data.

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.

- Practice performance for quality indicators for 2016/17 measured by the Quality and Outcomes Framework (QOF) was below the local and the national averages with 75.8% achievement. However, data published on NHS Digital on 26 October 2018 identified that the practice had improved their performance overall for the period April 2017 to March 2018 with 88.9% achievement.
- The practice had excepted 18.9% of patients overall from the clinical QOF calculation. This was higher than the previous year's result of 10.9%. (Exception reporting is the removal of patients from the Quality Outcomes Framework (QOF) calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)
- The practice used information about care and treatment to make improvements.

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 contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Staff told us they felt valued and were supported with opportunities to learn new skills. Staff had personal development plans in place.
- 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, 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 considered 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 need 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.
- The practice team were developing local community links to seek ways of delivering healthcare education to the local population.

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 providing caring services.

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.
- Patient responses in the GP patient survey showed comparable or higher levels of satisfaction for questions relating to kindness, respect and compassion when compared with local and national averages.

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 we spoke with had a good understanding and awareness of working with patients to deliver a patient focused service.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available as required.
- 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 offered carers an annual health and flu vaccinations. The patient waiting area contained information and links to carer's support groups, including a dementia café.
- The practice's GP patient survey results were similar to 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, and all 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 facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services, including undertaking home visits.
- 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. For example, the practice manager provided support to patients to show them how to use online software (Patient Access) to book appointments and order medicines,
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice promoted continuity of care by trying to ensure patient appointments were with the same clinician.
- The practice referred patients to the Buzz (Manchester Health and Wellbeing Service). Patients could self-refer to this service. This social prescribing organisation supported patients with guidance and information about different services available in the community.
- The practice supplied food bank vouchers to people in need.
- One GP was planning to deliver regular health education talks. The first was scheduled for 31 October and this talk was about high blood pressure. The practice planned to roll out a regular programme of health care discussions for patients.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked in partnership with the West Lancashire GP Federation and four other GP practices to provide an enhanced service to housebound, elderly and care home residents.

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:

- 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 were implemented. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice had facilitated a training session in cardio-pulmonary resuscitation (CPR) for parents, grandparents and carers of babies and young children earlier this year.
- The practice decorated the patient waiting room to raise awareness of health care initiatives. For example, to support breast cancer awareness areas with information were decorated with pink banners. The practice was encouraging children's attendance for nasal flu immunisation with a messy play party with Halloween decorations.

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, pre-bookable early morning appointments were available with a practice nurse one morning each week.

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice held social events to support isolated patients these included Macmillan coffee morning and an event at Christmas with mince pies and non-alcoholic mulled wine.

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.

Timely access to care and treatment

Patients could 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.
- The GP patient survey results reflected both 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 recorded all complaints including verbal ones. The practice did not always respond to complaints with a final letter. The practice manager explained they spoke with the complainant to explain the outcome of their investigations, although a log or record of this discussion was not recorded.
- The organisation learned lessons from individual concerns and complaints but a system to analyse these to identify trends was not in place.

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.

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 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.
- The GP and manager 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

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

Governance arrangements

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

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

Managing risks, issues and performance

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

- 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.
- A clinical audit plan or schedule was not established. However, the clinical audits available had had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Are services well-led?

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 weekly 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 comprehensive 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. The patient participation group (PPG) was active.

- The practice undertook their own patient surveys and acted on patient feedback.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had implemented a range of strategies to improve engagement with patients. These included decorating communal areas in line with traditions and health initiatives.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The practice had implemented different strategies to improve performance.
- Staff knew about improvement methods and had the skills to use them.
- The practice investigated incidents and complaints and learning from these 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 implemented strategies to improve patient education about health issues such as cardio-pulmonary resuscitation training for carers of young children and babies and training on high blood pressure.
- Managers were responsive to inspection feedback and took immediate action to improve areas identified for further development.

Please refer to the evidence tables for further information.