Wellington Medical Practice

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Good

Overall summary

This practice is rated as Good overall.

We previously carried out an announced comprehensive inspection at Wellington Medical Practice in July 2017 and rated the practice as good overall but with requires improvement for responsive services. A breach of legal requirements was found and a requirement notice was served in relation to good governance. We found that the practice had not responded to patient feedback that highlighted significant problems when trying to contact the practice by telephone. The appointment system and the number of appointments available did not meet patient needs. The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for Wellington Medical Practice on our website at .

We carried out an announced comprehensive inspection at Wellington Medical Practice on the 20 August 2018 to confirm that the practice had met the legal requirements in relation to the breach in regulation that we previously identified in July 2017.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? –Requires Improvement

Are services well-led? - Good

At this inspection we found:

- The practice had systems, processes and practices in place to protect people from potential abuse. Staff were aware of how to raise a safeguarding concern and had access to internal leads and contacts for external safeguarding agencies.
- The practice had systems to manage most risks so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There were systems in place for identifying, assessing and mitigating most risks to the health and safety of patients and staff. However, the system for monitoring of patients on high risk medicines was not effective.
- Staff recruitment practices were in line with legal requirements.
- The practice had reviewed the appointment system in response to patient feedback. This had resulted in a move from telephone triage to face to face appointments. The clinical team had expanded to include a variety of allied health professionals so that more face to face appointments could be offered. However, further work was needed to improve patient satisfaction in relation to access to appointments.
- The practice had installed a new telephone system to better manage patient calls.
- Formal recorded clinical supervision had been introduced.
- The practice had an active patient participation group.
- The practice had identified a significantly increased number of patients who were carers and had introduced a patient engagement lead to improve communication with patients.
- 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:

- Review the system for monitoring of patients on high risk medicines.
- Introduce a system which ensures staff have read, understood and implemented practice policies.
- Further respond to patient feedback to improve their satisfaction with the appointment system.
- Further review reception staffing levels and the deployment of reception staff during busy periods.
- Ensure information about how to make a complaint is easily available for people to access.
- Review the practice complaints to identify trends.
- Expand the practice's action plan for responding to the results of the GP patient survey to include actions to address the lower than average results around consultations with health care practitioners. In particular, the feedback relating to how well healthcare practitioners listened to them.

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 second CQC inspector, a GP specialist advisor and a practice manager advisor.

Background to Wellington Medical Practice

Wellington Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in Telford, Shropshire. The practice operates from shared premises in the centre of Wellington. The practice has a registered patient list size of 14,547 patients. The practice is part of NHS Telford and Wrekin Clinical Commissioning Group (CCG).

The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people with health issues including chronic disease management and end of life care.

The practice local area is in the fourth most deprived decile. The practice population has a slightly higher number of older patients; with 22% of patients aged 65 or over (local average 16%,

national average 17%). Unemployment levels are lower for the practice than the national average. The population covered is predominantly white British.

The practice staffing comprises of:

- Five GP partners (three full time GPs (male) offering nine sessions each, and two-part time GP's (female) offering four sessions each)
- Two advanced nurse prescriber (ANP)
- Three nurse practitioners (NP)
- Three practice nurses (two on maternity leave)
- Two health care assistants (HCA)
- One community visit lead nurse practitioner (CLP)
- One clinical pharmacist
- One prescribing consultant musculoskeletal physiotherapist
- One reception lead
- One patient engagement and compliance lead
- 13 reception/administrative staff
- One finance assistant
- One information technology assistant

The practice is open Monday to Friday between the hours of 8.30am and 6pm.

NHS 111 takes calls when the GP surgery is closed.

Additional information about the practice is available on their website:

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

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

Risks to patients

There were 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 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 reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The practice's antimicrobial prescribing was significantly lower than local and national averages.
- Patients' health was monitored in relation to the use of medicines and followed up. . However, we found that the practice needed to strengthen the system for managing and prescribing medicines requiring close monitoring. 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.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Good

Are services safe?

- 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 but the system could be further developed to identify themes and share learning from events with staff. The practice took action to improve safety in the practice.

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had invested in a machine which measured patients' blood pressure and calculated body mass index. The machine was linked to the practice's computer system which resulted in the data being uploaded directly into the patient records.
- 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 community visit lead nurse practitioner employed by the practice coordinated the care for frail and elderly patients most of whom required care in their own home.
- Staff liaised with other clinical, non-clinical and voluntary services required to enable patients to receive the right care.
- The community visit lead nurse practitioner worked closely with care homes registered with the practice to provide assessments and diagnosis and prescribed within their competency.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- The practice had organised open days on asthma, chronic obstructive airways disease (COPD), rheumatoid arthritis and diabetes in order to raise patient awareness.
- 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. Patients 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 all except one of the long-term conditions was in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above. The practice had achieved between 94% and 96% for the four indicators.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The practice had introduced a child safety trigger tool which was reviewed weekly at designated meetings held to discuss children who had failed to attend their appointments.

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

- The practice's uptake for cervical screening was 60%, which was below the 72% national average. The practice was aware of these lower than average figures and had put steps in place to improve the uptake. Previously there was only one nurse trained in

performing cervical smears. The practice had since trained a further three members of staff and a further member of the nursing team was expected to start training in September 2018. The lead nurse told us that they had attended a workshop arranged by the Clinical Commissioning Group (CCG) exploring ways of improving uptake. Unverified data shared with us by the practice showed that the uptake had improved on last year's figures. The practice was arranging an open day in November 2018 to provide advice and support on women's health issues and offer a drop-in clinic for women requesting a cervical smear.

- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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 practices performance on quality indicators for mental health was in line with local and national averages.

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.
- The most recent published Quality Outcome Framework (QOF) results for 2016/17 showed that the practice achieved 94% of the total number of points available which was lower than the clinical commissioning group (CCG) average of 98% and the national average of 97%. The overall exception reporting rate was 11%, which was higher than the CCG and the national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice).

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

Good

Are services effective?

- 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 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, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Good

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 on the day of the inspection was mostly 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 national GP patient survey showed the practice was below average for its satisfaction scores on consultations with health care practitioners. In particular, the practice scored significantly lower than other practices within the CCG and the national average on feedback relating to how well healthcare practitioners listened to them. The percentage of patients who responded positively to the overall experience of their GP practice was also significantly lower than the national and CCG average. Whilst the practice had reviewed the patient survey results for 2018 and had developed an action plan addressing satisfaction scores with regards to access, the plan did not specifically include actions for improving patient satisfaction in this area.

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, easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. There had been a significant increase in the percentage of carers identified within the population list since our last inspection. The role of patient engagement lead had been introduced since our last inspection to enable better communication with patients.
- Results from the national GP patient survey however, showed the practice was significantly below average for its satisfaction score on patient involvement.

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.

Requires improvement

Are services responsive to people's needs?

At our previous inspection we rated the practice as requires improvement for providing responsive services. This was because:

- The practice had not responded to patient feedback that highlighted significant problems when trying to contact the practice by telephone.
- The appointment system and the number of appointments available did not meet patient needs.

We found that improvements had been made when we undertook a follow up comprehensive inspection on 20 August 2018. We found sufficient evidence that the practice had acted on patient feedback and had implemented changes to its appointment system. The practice had also responded to patient feedback by installing a new telephone system which monitored the volume of incoming and outgoing calls. As such we assessed that the practice had met the requirement notice issued at the last inspection in July 2017.

We rated the practice, and all of the population groups, as requires improvement for providing responsive services as despite these changes further work was needed to improve patient satisfaction as this remained mainly negative in relation to access.

Responding to and meeting people's needs

The practice organised and delivered services which met some of the patients' needs. The practice had attempted to respond to patient feedback with regards to the appointment system and telephone access.

- The practice attempted to meet the needs of its population and tailored services in response to those needs.
- The practice had moved away from telephone consultations in an attempt to respond to patient needs. Some patients had expressed that they missed this service. This made it more difficult for patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

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:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The premises were suitable for children, babies and breastfeeding mothers.

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

- The practice offered the facility for patients to make online appointment bookings.
- Comments received by some patients highlighted that the new system for getting an appointment did not fully meet the needs of this population group. For example, a new system had been introduced where patients arrived at the practice in the morning and were given a ticket. Patients were then asked to come to reception in

Are services responsive to people's needs?

number order to book an appointment. Patients told us that sometimes there were long waiting times for an appointment. Some patients felt that they had no say over the time of their appointment and felt that they were waiting for a long time in the practice before seeing a GP, which was difficult for working patients.

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.
- The practice offered an in-house learning disability review clinic and the practice also offered home visits for patients with a learning disability.
- The practice maintained a list of patients who were also carers.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held nurse led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Some patients felt that there were unacceptable waiting times and delays in getting to see a GP. For example, a new system had been introduced where patients arrived at the practice in the morning and were given a ticket. Patients were then asked to come to reception in number order to book an appointment. Some patients felt that they had no say over the time of their appointment and felt that they were waiting for a long time in the practice before seeing a GP.
- Patients with the most urgent needs had their care and treatment prioritised.
- Some patients reported that some improvements had been noted in the appointment system, whilst others felt that the appointment system needed further review.
- The national GP patient survey results (2018) for the practice were below local and national averages for questions relating to access to care and treatment. In particular the patient satisfaction around GP practice appointment times and the type of appointments available.

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. Some of the patients spoken with however did not know how to make a complaint. Patients who made complaints were treated compassionately by staff.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints but the practice did not review trends and learning from complaints was not disseminated to the wider team.

Please refer to the evidence tables for further information

Good

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.
- 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. However, there was no process in place for monitoring that staff had received, read and understood the content of the policies.

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.
- The practice had plans in place and had trained staff for major incidents.

Good

Are services well-led?

- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted onappropriate 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 effective 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 an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was used to make improvements but trends were not analysed and learning from complaints was not disseminated to the wider team.
- 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.