Rillwood Medical Centre

Inspection report

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

Ratings

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

Overall summary

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive at Rillwood Medical Centre on 12 April 2018 as part of our inspection programme.

At this inspection we found:

- When incidents happened, the practice learned from them and improved their processes.
- Most staff had the skills, knowledge and experience to carry out their roles although the practice could not demonstrate training records for all staff.
- Clinical performance data was comparable to the national and local data.
- There were systems to review the effectiveness of the care and there was evidence of actions taken to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).
- Patients we spoke with told us staff had treated them with compassion, kindness, dignity and respect.
- The practice offered a flexible range of appointments and services.
- There were systems for business planning, risk management, performance and quality improvement.
- Systems for engaging with patients and acting on concerns were not well-established. At the time of inspection the patient participation group was not active.

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

- Follow current plans to recruit to the position of practice nurse so reviews of long term conditions, immunisation and taking samples for the cervical screening could be resumed on site.
- Consider providing a defibrillator to deal with medical emergencies as recommended by current good practice guidance and national standards.
- Consider ways of engaging with patients to increase the uptake of bowel cancer monitoring.
- Monitor the recently implemented training needs analysis which covered training of core areas and ensure a documented process to evidence training records for ongoing staff refresher training.
- Develop patient engagement though an active patient participation group.
- Revise the complaint leaflet so it referenced an advocacy service should the complainant need support.
- Develop an overview of the status of applicable safety alerts and their implementation status.

Professor Steve Field CBE FRCP FFPH FRCGP

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 advisor and a practice manager specialist advisor.

Background to Rillwood Medical Centre

Rillwood Medical Centre situated at Tonmead Road, Northampton, Northamptonshire is a GP practice which provides primary medical care for approximately 3,374 patients living in Lumbertubs and surrounding areas. There is moderate level of deprivation in the area mainly relating to low income.

Rillwood Medical Centre provide primary care services to local communities under a General Medical Services (GMS) contract, which is a nationally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian, Afro Caribbean, mixed race and Eastern European origin.

The practice has five GP partners (four male and one female) and a health care assistant. At the time of our inspection practice nurse duties were covered by a nurse from the provider organisation (Danes Camp medical centre) or by a GP. There is a practice manager who is supported by a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice. The practice provides training facilities for new GPs.

The practice is open between 8am and 6.30pm Monday to Friday. Extended opening hours are provided on Thursdays when the practice is open until 7.30pm.

When the practice is closed services are provided by Integrated Care 24 Limited via the NHS 111 service.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. At the time of our inspection all staff were awaiting safeguarding and safety refresher training appropriate to their role. Following our inspection, the practice confirmed this training had been completed on 18 April 2018. Staff we spoke with knew how to identify and report concerns.
- Reports and learning from safeguarding incidents were available to staff. At the time of our inspection staff who acted as chaperones were awaiting refresher training. The practice was able to confirm after our inspection that this training was completed on 18 April 2018. Staff who acted as chaperones had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. For example we saw that the practice had liaised with relevant agencies to ensure the safety of a vulnerable person being looked after by a carer. There were monthly multidisciplinary team meetings to ensure the safety of vulnerable children and adults.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a 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. At the time of our inspection we noted the position of practice nurse was vacant. The practice manager told us that this role was currently at the recruitment stage and would be filled shortly. At the time of our inspection practice nurse duties were covered by a nurse from the provider organisation (Danes Camp medical centre) or by a GP.
- There was an 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. There was oxygen available but not a defibrillator. The practice showed us a risk assessment which gave instructions on how to manage a medical emergency without a defibrillator which included summoning help through the 999 service and continued resuscitation until the 999 help arrived.
- 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.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results. The pathology service was able to share patient clinical information and results electronically.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a process to communicate with the district nurse and health visitor. There was a system to review patients that had accessed NHS 111 service and those that had attended the A&E department for emergency care.
- 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, administered or supplied medicines to patients and gave advice on medicines in line with

Good

Are services safe?

current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. For example patients on long term medicines were offered an annual review by a GP.

Track record on safety

The practice had a track record on safety.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity for example through a review of incidents significant events complaints safety alerts. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.
- The practice had a process in place for managing safety alerts and during our inspection we saw evidence to demonstrate that alerts were acted on where required.

Although we found no issues with this system, we noted that it could be better governed, for instance by ensuring alert information was captured on the practices IT system.

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 systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

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 including the population groups.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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 clinical pathways and protocols. For example we saw that the practice used evidence based chronic disease management templates to manage patient with long term conditions.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We reviewed an audit of the care of patients with gestational diabetes (which is high blood sugar that develops during pregnancy and usually disappears after giving birth) and found such patients had been assessed and followed up in accordance with good practice guidelines.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools including the use of visual prompts to assess the level of pain in patients.
- 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. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Since April 2017 the practice had carried out 96 such checks.
- 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.

People with long-term conditions:

- The practice had GP leads for specific conditions including long-term conditions which provided a strong base of specialist knowledge. This was supplemented through peer-to-peer reviews which often reduced the need for unplanned hospital admissions.
- Patients with long-term conditions were offered a structured annual review by a GP 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.
- The practice in conjunction with the community diabetic specialist nurse offered support and advice to diabetic patients with complex health needs.
- GPs followed up patients who had received treatment in hospital or through out of hours services.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given exceeded the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines through shared care agreement with the midwife and appropriate antenatal checks.
- The practice had a close working relationship with the child and adolescent mental health services (CAMHS) in supporting young people with emotional, behavioural or mental health difficulties.
- 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 practice's uptake for cervical screening was 73%, which was in line with the 72% coverage target for the national screening programme.
- The practices' uptake for breast cancer monitoring was in line the national average while the uptake for bowel cancer was slightly below the national average (45% compared to the national average of 55%).
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had completed 461 health checks

Good

Are services effective?

out of the eligible 893 since the programme began in 2014. 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 worked closely with social care colleagues and other professionals and updated care plans of vulnerable patients accordingly to keep them safe.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had identified patients who were severe/ moderately frail. These patients were offered annual reviews with emphasis on falls prevention and medication reviews.
- There was an electronic system to alert staff when vulnerable patients such as those with a learning disability or with safeguarding concerns needed care.

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.
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is above the national average.
- 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.

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. For example:

- Through clinical audits. There were six clinical audits but these related mainly to the other location of the provider. However findings had been implemented at both locations including Rillwood. We reviewed an audit related to patients that received treatment for osteoporosis (a condition that weakens bones, making them fragile and more likely to break) and found that care and treatment had been in accordance with good practice guidance and there were appropriate checks to ensure patients followed the recommended treatment.
- Through joint work with the clinical commissioning group (CCG), for example by auditing antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 94%. The overall exception reporting rate was 21% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

We reviewed the exception reporting and found that the practice had made every effort to ensure appropriate decision making including prompting patients to attend for the relevant monitoring and checks. Discussions with the lead GP showed that procedures were in place for exception reporting as per the QOF guidance and patients were reminded to attend three times and had been

contacted by telephone before being subject of exception. They also told us that the practice was situated in an area of deprivation which sometimes affected patient attendance at health reviews.

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. At the time of our inspection we noted the position of practice nurse was vacant. Reviews of long term conditions, immunisation and taking samples for the cervical screening were currently being carried out by GPs or referred to the provider's other location(Danes Camp medical centre). A nurse from the provider's other location covered other general practice nurse duties.
- The practice understood the learning needs of staff and provided protected time and training to meet them. There were records of skills, qualifications and training for most staff. However there were gaps in the refresher training records of some staff particularly in relation to basic life support, fire and infection control. After our inspection the practice manager confirmed that a new accredited online training programme was now in place. In addition the practice had now subscribed to the British Medical Association's (BMA) model of training needs analysis which covered core areas such as basic life support, infection control, safeguarding, fire safety, mental capacity act, health and safety, manual handling and first aid. Staff were encouraged and given opportunities to develop. The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a process for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information 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.
- The pathology services were able to share patient clinical information and results electronically.
- There was a system to review patients that had accessed NHS 111 service and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending for Urgent Care provided by Integrated Care 24 Limited.

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 (referring patients to a range of local, non-clinical services).
- 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.
- Patients could access the wellbeing service (mental health) hosted by the local NHS trust on site as well as the dedicated mental health nurse provided by the practice.

Good

Are services effective?

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.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the patient survey were in line with national and local averages and showed most patients felt they were treated with kindness, respect and compassion.
- All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced at the practice.
- Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect and were comparable with the local and national data.

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.)

- Interpretation services were available for patients who did not have English as a first language.
- Results from the patient survey were in line with national and local averages and showed most patients felt they were involved in decisions about their care and treatment.
- Staff communicated with patients in a way that they could understand; for example, communication aids were available, such as a hearing loop.
- 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.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

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

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. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- 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.

Older people:

- Older 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.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example eligible older people were offered flu, pneumococcal and shingles vaccinations.
- Housebound patients were offered vaccinations at their place of abode.

People with long-term conditions:

- Patients with a long-term condition received an 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.
- The practice had a process to liaise with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Longer appointments and home visits were available when needed.
- The practice provided informative literature and lifestyle advice for most long term conditions.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice offered child Immunisation clinics outside of school hours to help with improved uptake.

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

- The practice offered flexible appointments to maintain continuity of care. Face to face consultations were available on the day as well as pre bookable up to 14 days in advance. On Thursdays the practice offered late evening appointments until 7.30pm.
- Telephone consultations with a GP were available which supported patients who were unable to attend the practice during normal working hours.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Through the Electronic Prescribing System (EPS) patients could order repeat medicines online and collect the medicines from a pharmacy near their workplace or any other convenient location.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments were available for patients with a learning disability and other vulnerable patients.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.

Good

Are services responsive to people's needs?

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Patients had access to the wellbeing service hosted by the local mental health trust for care and support.
- The practice offered flexible appointments to ensure maximum uptake of mental health reviews.

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.
- Two out of eight patients we spoke with on the day of the inspection told us about the difficulty of getting an on the day appointment by telephone.
- Results from the patient survey showed patients satisfaction with how they could access care and treatment were in line with national and local averages

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. However we noted that the complaint leaflet lacked reference to an advocacy service should the complainant need support. 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 and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint that expressed dissatisfaction about information sharing for a hospital investigation, we saw that the practice had responded to the complainant giving an explanation. We also saw that the practice had offered an apology.

Please refer to the Evidence Tables for further information.

Good

Are services well-led?

We rated the practice and all of the population groups 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 vision was to provide timely and courteous advice and treatment to patients in an inclusive way which respected their privacy dignity and right to confidentiality. They aimed to do this by joint decisions based on up to date developments in health care and by continuous learning.

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. While there were records of skills, qualifications and training for most staff we found gaps in the refresher training records of some staff particularly in relation to basic life support, fire and infection control.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. As all GPs that provided care at Rillwood Medical Centre were from the provider organisation the main governance arrangements reverted to that of the provider organisation. However there were specific governance meetings held at Rillwood Medical Centre.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a 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. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.

Good

Are services well-led?

- 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.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. This included the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example the practice had acted on patient feedback and arranged for a female GP to be available for consultations.
- The practice used information technology systems to monitor and improve the quality of care. For example the practice had changed their electronic patient information system so it was the same as the other local NHS healthcare providers. This change had enabled them to share and receive electronic patientcare information on vulnerable people, end of life care, pathology results, patients that had attended the NHS 111 service and those that had attended the urgent care service provided by Integrated Care 24 Limited.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

We reviewed the arrangements to involve patients, the public, staff and external partners to support high-quality sustainable services.

- The service was transparent, collaborative and open with stakeholders about performance.
- The patient participation group (PPG) was not active. The practice manager told us that they were engaging with the PPG at their provider organisation and exploring several options. These included a virtual PPG, a joint PPG with the provider organisation and reconvening the dormant PPG. They hoped to have a PPG up and running in the very near future.

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.
- Following the change of provider the practice was working towards further integration for both provider locations (Danes Camp and Rillwood) in relation to the services offered to patients and business functions.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice was working towards the bronze level investors in carers standard (awarded by county council, the NHS and Northamptonshire Carers) which recognised efforts made by GP practices in the identification of and support available to carers.
- The practice was currently working with the local acute hospital NHS trust to offer diagnostics services such as ophthalmology and endoscopy locally in the community setting thereby avoiding the need for patients to attend the acute facility.

Please refer to the Evidence Tables for further information.