

Dr Naranammalpuram Srinivasan

Inspection report

The Surgery
York Road
Rotherham
South Yorkshire
S65 1PW
Tel: 01709836290
Web site: Not provided






Date of inspection visit: 21 November 2018
Date of publication: 14/01/2019

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?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Overall summary

This practice is rated as Good overall. (Previous inspection March 2018 - Requires Improvement and June 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Requires Improvement

Families, children and young people – Good

Working age people (including those recently retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people living with dementia) - Good

We carried out an announced comprehensive inspection at Dr Naranammalpuram Srinivasan on 21 November 2018 to follow up on breaches of regulations.

At this inspection we found:

- The practice had improved systems to manage risk so that safety incidents were less likely to happen. For example, fire safety training had been provided and fire safety equipment had been regularly checked. However, we found two areas where action plans to minimise risk related to blind cords and hot water had not been implemented. When incidents did happen, the practice learned from them and improved their processes.
- The practice reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence based

guidelines. However, the practice's performance on quality indicators for some long-term conditions and cancer indicators for working age people was significantly below local and national averages. Although some progress had been made there was limited improvement seen at the time of inspection.

- The recruitment policy and procedure had been reviewed and improved and pre-employment checks had been completed for recently employed staff.
- There was improvement in staff training and appraisal and systems to monitor staff training had been maintained.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were usually able to access care when they needed it but they reported limited access to pre-bookable appointments.

The areas where the provider should make improvements are:

- Minimise risk relating to blind cords and hot water.
- Develop and implement an infection prevention and control action plan to address shortfalls identified in the audit.
- Maintain records of the immunisation status for staff as per Department of Health Immunisation against infectious disease guidance (the Green Book).
- Review and risk assess the provision of emergency medicines.
- Review systems and processes to improve care and treatment related to patients' long term conditions.
- Review systems and processes to improve uptake of cancer screening for working age patients.
- Review and improve systems for identifying carers.
- Review and improve the access to pre-bookable GP appointments.

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	Requires improvement	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Requires improvement	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Dr Naranammalpuram Srinivasan

Dr Naranammalpuram Srinivasan operates from The York Road Surgery close to the centre of Rotherham. The provider has recently changed their legal entity from an individual to a partnership and is in the process of changing their CQC registration to reflect this.

The practice has a Personal Medical Services (PMS) contract and serves a population of approximately 4,559 patients. The practice is situated in one of the most deprived areas in England and has a higher than average percentage of patients the 18 to 65 year old age group.

The practice operates from a two-storey, purpose built property, with all patient services provided on the ground floor.

The service is provided by a principle GP (male) and a male and female GP who have recently become partners and are applying for registration with CQC. Two sessional GPs (one male and one female), an advanced nurse practitioner (ANP), two practice nurses and a health care assistant are also employed. The clinical team are supported by a practice manager, an administrator, a medical secretary and team of receptionists.

The York Road Surgery opens from 8am to 6.30pm Monday to Friday with extended hours being provided Tuesday 7am to 8am and Wednesday 7.30am to 8am which includes a combination of face to face and telephone consultations.

Early morning phlebotomy sessions are provided with the Practice Nurse on Tuesday and Wednesday 7.30am to 8am. The practice offers a range of book on the day and pre-bookable appointments during these hours.

The practice is registered to provide the following regulated activities:

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

Are services safe?

At the last inspection in March 2018 We rated the practice, and all of the population groups, as requires improvement for providing safe services.

This was because:

- Systems for management of health and safety, infection prevention and control, recruitment and medicines required improvement.

At this inspection 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 although there were some areas which required improvement.

- 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. At our last inspection we found providers recruitment procedures were not adequate to ensure staff were able, by reasons of their health and after reasonable adjustments, to properly perform tasks intrinsic to the work for which they would be employed and that only persons of good character were employed. At this inspection we found some improvements had been made to systems and processes and we found required checks had been completed for a new member of staff. We found the immunisation status was not known for two long standing members of clinical staff. The provider told us they have now requested this information.

- There was a system to manage infection prevention and control (IPC) although action plans had not been developed to address the minor shortfalls identified in the most recent IPC audit.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. We observed one of the clinical staff was using their own equipment for which there was no evidence of calibration or portable appliance testing. The provider told us this equipment would not be used until the appropriate tests had been completed. At our last inspection the fire alarm and emergency lighting systems had not been regularly checked in between servicing to ensure these systems remained in working condition. At this inspection we found systems relating to fire safety had been reviewed and improved.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess and monitor risks to patient safety although action to minimise identified risk had been always been taken.

- 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 although a risk assessment to support the limited provision of emergency medicines had not been completed. 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.
- Although risk assessments had been completed, action to minimise risk in relation to a blind cord in a consultation room and hot water in the patient toilets had not been under taken. The practice manager told us the actions to minimise risk had been implemented since this inspection.

Are services safe?

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. We saw improvements to the systems and records for monitoring vaccine fridge temperatures to maintain the cold chain.
- 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. Data showed the practice was lower than the local and national average for antibiotic prescribing.

- 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 although action had not always been taken in response to identified risk.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

At the inspection in March 2018 we rated the practice and all the population groups as requires improvement for providing effective services overall.

This was because:

- Practice clinical guidelines were out of date and some contained incorrect clinical advice.
- Staff had not received refresher training and appraisal.

At this inspection we rated the practice requires improvement overall. Population groups for long term conditions and working age people was also rated as requires improvement. We rated the other population groups as good.

The practice was rated as requires improvement for providing effective services at this inspection because:

- The practice's performance on quality indicators for some long-term conditions and cancer indicators for working age people was significantly below local and national averages. Although some progress had been made there was limited improvement seen at the time of inspection.

The areas identified at the March 2018 inspection had improved and staff training had been provided and clinical guidelines were up to date.

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 up to date 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and

social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated requires improvement for effective because:

- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension and the practice's performance on quality indicators for some long-term conditions was below local and national averages. For example:
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was only 51% compared to local CCG average of 72% and the England average of 79%.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 63% compared to the local CCG average of 86% and England average of 90%.
- We also saw some good practice in this area for example:
- 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.
- Patients with COPD had flare up plans with anticipatory medicines prescribed to enable them to manage their condition.

We discussed the above data with the provider and new GP partners at the practice. They told us they were aware of the issues relating to these results and had been

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monitoring these closely. An additional member of administration staff had been employed to assist in monitoring figures monthly and to ensure patient recall systems were implemented.

We looked at data for the current year, these figures indicated some slight improvement but it was too early to assess what the full impact of the new processes may be. Following the inspection, the provider told us they had considered our findings on the inspection and were to recruit an additional practice nurse to assist further in improving these outcomes for patients.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice held weekly baby clinics with a GP and a practice nurse in attendance
- The practice hosted weekly midwife led antenatal clinics.

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

This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening was 64%, which was below the 80% coverage target for the national screening programme. The practice's uptake for breast and bowel cancer screening was also below the national average.
- The practice provided an audit of cancer referrals they had completed in 2016/17 which had identified areas for improvement and actions taken. This included implementing a structured process to actively encourage patients to take up routine screening for cervical, breast and bowel cancers and following up patients who did not attend their screening appointments. We discussed the data with the new GP partners and looked at the unverified current data provided by the practice. The data provided showed some improvement although it was too early to assess if the changes would have a significant impact on outcomes for patients.
- We also saw some good practice in this area for example:

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example, before attending university for the first time.
- The practice hosted monthly dietician clinics.

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 was the main provider of health care for two care homes for patients with learning disabilities. The GPs and Practice Nurses had regular reviews with these patients and the manager of the care homes. Home visits for assessments by the GP and Practice Nurse were arranged for those unable to attend the practice.
- The practice had a learning disability register, verified by the Learning Disability Team, and those patients were offered an annual review.
- The practice hosted a weekly Shared Care substance misuse clinic, the GP was in attendance for advice during this clinic. Each patient was reviewed every three months by the GP.
- 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.
- 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.

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- All patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to Local CCG average of 86% and England average of 89%.

Monitoring care and treatment

The practice had a 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 provided an audit of cancer referrals completed in 2016/17 which had identified areas for improvement and actions taken. They had employed an additional member of staff to assist in monitoring performance data and patient recall activity.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, 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

Are services effective?

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- 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.
- The practice's GP patient survey results were below average compared to local and national averages for questions relating to involvement in decisions about care and treatment. However, patients commented positively on this area at inspection.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients whose circumstances may make them vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and telephone consultations.

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 able to register with the practice, including those with no fixed abode.

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 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.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.
- A small number of patients commented that they found it difficult to pre-book a GP appointment. When we looked at the appointment systems there were only

Are services responsive to people's needs?

three GP appointments available in November to pre-book and none in December as December appointments had not been put onto the system at the time of inspection.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

At the last inspection in March 2018 we rated the practice and all of the population groups as requires improvement for providing a well-led service.

This was because:

- Governance procedures for the management of health and safety, staff training, recruitment and medicines management had not always been kept up to date or implemented effectively.

At this inspection we rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand and monitor current and future risks including risks to patient safety. We found two areas that may present a

Are services well-led?

risk to patients had not been addressed in relation to a blind cord in a consultation room and hot water in patient toilets. The practice manager has told us these have been addressed.

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was a patient participation group although there was limited activity due to low numbers.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.