

Drs Turner Antoun and Partners

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

Overall summary

This practice is rated as Good overall. (Previous inspection December 2014 – Requires Improvement and October 2015 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Drs Turner Antoun and Partners on 20 April 2018. This was as part of our ongoing inspection programme.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, there were some areas where the practice should make improvements to processes. This included infection control, recruitment and patient safety and medicine alerts.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Keep a full record for staff of their immunity level for measles, mumps, chickenpox and rubella in line with The Green Book Immunisation against infectious disease.
- Follow up and maintain evidence that there is a check on the conduct of new staff in previous employment through the recruitment process.
- Follow up and maintain a record of action taken following the practice annual infection control audit.
- Maintain records to ensure a clear audit of actions taken as a result of patient safety and medicine alerts.
- Continue to develop the approach to clinical audit and quality improvement.
- Develop a system to increase identification of patients who are also carers and continue to develop support for carers.
- Assess how the practice meets the Accessible Information Standard to help tailor their communication methods to meet the needs of all those patients who might benefit from this.
- Review the arrangements for the patient participation group to encourage and act upon feedback from the group.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

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 specialist adviser GP and practice manager specialist adviser.

Background to Drs Turner Antoun and Partners

The Care Quality Commission (CQC) registered Drs Turner, Antoun and Partners (also known as Cruddas Park Surgery) to provide primary care services.

The practice provides services to around 10,100 patients from two locations, which we visited as part of this inspection:

- 178 Westmorland Road, Newcastle Upon Tyne, Tyne and Wear, NE4 7JT
- Hillsvieview Surgery, 220a Hillsvieview Avenue, Newcastle upon Tyne, Tyne and Wear, NE3 3LB.

Cruddas Park Surgery provides care and treatment to patients of all ages, based on a General Medical Services (GMS) contract agreement for general practice. The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG).

The practice has four GP partners (two male and two female). Another partner (female) has applied to CQC to join the registered partnership. The practice employs one

salaries GP (female), a practice manager, two nurses (both female), two health care assistants (both female) and staff who undertake reception and administrative duties.

NHS 111 service and Vocare Limited (known locally as Northern Doctors Urgent Care) provide the service for patients requiring urgent medical care out of hours.

Information from Public Health England placed the area in which the practice is located in the most deprived decile. In general, people living in more deprived areas tend to have a greater need for health services.

81.3% of the practice population were white, 1.7% were mixed race, 11.6% were Asian, 3.3% were black and 2.1% were other races.

The practice had displayed their combined CQC ratings from the December 2014 and October 2015 inspections, in the reception areas and on their website, in line with legal requirements.

Are services safe?

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- The practice did not always follow up on actions identified through their own audits and risk assessments to keep people safe.
- They did not always carry out full checks during the recruitment process to check the conduct of staff during previous employment.
- They did not keep clear records to demonstrate the action they had taken in response to patient and medicine safety alerts.

In October 2015, we found the practice should carry out a fire risk assessment. In April 2018, we found the practice had addressed this concern and had last carried out a fire risk assessment in March 2018.

Safety systems and processes

The practice generally had systems to keep people safe and safeguarded from abuse. However, the practice should improve the processes for checking they had effective infection prevention and control processes and carrying out appropriate staff checks at the time of recruitment.

- 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. Reports and 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, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out the majority of appropriate staff checks at the time of recruitment and on an ongoing basis. However, they did not always check the conduct of new members of staff in previous employment.

- There were some systems to manage infection prevention and control. However, there was no clear audit of the practice acting upon the concerns identified in their own infection control audit.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- 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.

Are services safe?

- 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 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 was an outlier in antibacterial prescribing, but was aware of and taking action to reduce prescribing rates in this area.
- 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 took action in most cases to main safety. However, they had not adequately managed the risk of legionella infection through their water supply.

- There were comprehensive risk assessments in relation to most safety issues. However, the risk assessment for legionella was out of date and the practice had not followed the recommendations from the last risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

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. However, they did not always keep a full record to demonstrate the action they had taken to address any safety concerns raised by alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

In October 2015, we found the practice should continue to progress their clinical audit system and produce further two cycle audits in order to demonstrate on-going quality improvement and effective care. In April 2018, we found the practice had carried out several clinical audits. However, these did not always support quality improvement.

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.
- 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. They 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:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long-term conditions was mostly in line with local and national averages. The practice was an outlier on two indicators in 2016/17 relating to asthma and COPD. Unpublished and unverified data for 2017-18 showed a similar level of performance. However, the practice told us the profile of patients on their register had an impact on the uptake of monitoring of long term conditions. They had implemented the Year of Care model. This approach helps patients to manage their own long-term condition, by using care planning as a central component to drive a proactive process of care, with improved patient involvement and self-management.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above. For immunisations offered to children two and above, the practice was in line with the higher World Health Organisation target of 95%.
- 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 61.7%, which was below the 80% coverage target for the national screening programme. The practice was aware they were below the target level and was acting to improve this. A GP partner was leading on the improvement work in this area. They had appropriately trained staff available, with appointment times offered

Are services effective?

throughout practice opening hours. Patients were offered an appointment with a female clinician and non-attenders flagged on the patient record to allow screening to be discussed opportunistically.

- The practice's uptake for breast and bowel cancer screening was below the national average. A GP partner told us they had high levels of patients who did not respond to invites for screening. The practice covered an area with very high levels of deprivation, chronic health conditions and poor mental health with high levels of transient patients. The practice told us this impacted on uptake of cancer screening schemes. The practice wrote to all patients who did not respond to remind them to attend for cancer screening.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks. However, the practice did not invite patients in for NHS checks for patients aged 40-74. These were available on request, but the local authority was responsible for delivering these locally. Forty-four patients had attended a health check of this type in 2017-18. 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 homeless people, travellers and 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 practice was an outlier on two indicators relating to mental health and was below average on reviewing the care plans of patients diagnosed with dementia. The practice provided us with unpublished and unverified data from their clinical system, which showed the provisional data for the Quality Outcomes Framework (QOF) for 2017-18. This demonstrated improvements across these indicators within the last year.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. However, this did not always lead to improvement. Where appropriate, clinicians took part in local and national improvement initiatives.

- There were some areas in the Quality Outcomes Framework (QOF) for 2016/17, where the practice was an outlier. The practice had achieved 85.9% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was lower than the national average of 95.5% and the local CCG average of 97.7%. (QOF is a system intended to improve the quality of general practice and reward good practice.) Unpublished and unverified data from the practice demonstrated they had made improvements in some areas. The practice had taken on an emergency contract to provide primary medical services from another local practice in 2016-17. They had decided to withdraw from this contract from September 2017, due to the impact on their capacity and ability to provide services from Cruddas Park and Hillview Surgeries.
- The practice had carried out several clinical audits with the intention of improving the quality of care and treatment offered. However, the audits they carried out

Are services effective?

did not always demonstrate the planned improvements were made and sustained. The audit strategy for the practice was not clear. Clinical audit did not always effectively support quality improvement.

- 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 and tackling obesity campaigns.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for 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 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.) However, they had not assessed whether they were meeting these standards.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. However, they had not undertaken an assessment to check they had tailored their communication methods to meet the

needs of all those patients who might benefit from this. Reasonable adjustments to support patients with disabilities to access the service were not always applied consistently.

- 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. However, the practice had identified a lower number of patients as carers, as would be expected based on their practice demographics. They had identified 0.7% of their patient list as carers.
- The practice's GP Patient Survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, 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 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. However, they did not always consistently apply reasonable adjustments for patients who had disabilities.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was linked to three local care homes and carried out weekly ward rounds, with a named lead GP, to ensure they were meeting the health needs of residents.
- 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:

- 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.

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. However, the practice no longer provided extended opening hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had a large homeless hostel in their area and people who used this service were frequently registered as patients.
- The practice delivered the local violent and disruptive patient scheme, across the North of Tyne area. This scheme was for patients who were not able to be registered with a mainstream GP practice as they were identified as being a significant risk to general practice staff and other patients due to their behaviour. Extra safeguards were in place in the practice to safeguard patients and staff in delivering this scheme.

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 worked in partnership with local community and voluntary sector organisations to meet the needs of people with poor mental health conditions.

Are services responsive to people's needs?

There was positive feedback from these organisations and other healthcare professionals working in mental health services about how the practice met the needs of those patients experiencing poor mental health.

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.

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. they acted as a result to improve the quality of care.
- However, the practice did not direct patients to contact the public health services ombudsman if they remained unsatisfied with the outcome of their complaint.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- 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 their services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. 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 mostly 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 were some areas where quality assurance and checking processes did not provide appropriate assurance of safety. This included recruitment, infection control and medicines and patient safety alerts.

Managing risks, issues and performance

There were processes for managing risks, issues and performance, but these were not always effective.

- The practice had mostly effective processes in place to identify, understand, monitor and address current and future risks including risks to patient safety. However, there was a lack of auditable evidence to demonstrate they had addressed some risks relating to infection control and recruitment.

Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints. However, there was an incomplete audit trail for action taken as a result of safety alerts.
- Clinical audit did not always lead to a positive impact on quality of care and outcomes for patients.
- 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.
- 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. However, members of this group raised concerns that it did not provide a useful forum for them to feed in their views.
- 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.
- 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.