

# Church Road Surgery

## 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

We carried out an announced comprehensive inspection at Church Road Surgery on 26 September 2017. The overall rating for the practice was Good with Requires Improvement in Caring. The full comprehensive report on the 26 September 2017 inspection can be found by selecting the 'all reports' link for Church Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection, on 25 October 2018, was an announced comprehensive inspection to confirm that the practice had carried out their plan to meet the requirements that we identified in our previous inspection on 26 September 2017. This report covers our findings in relation to those requirements and any improvements made since our last inspection. The practice is now rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

At this inspection we found:

- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. When incidents did happen, the practice learned from them and improved their processes.
- Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Some patient outcomes, for example, the childhood immunisation and cervical screening programme fell below national targets. However, we saw that some improvements had been made and the practice had plans in place to further address these shortfalls.
- Results from the national GP patient survey for some aspects of caring remained below local and national

averages. However, the practice was taking steps to address this and patient feedback through comment cards was positive about care and involvement in decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of feedback.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

- Review the process to code vulnerable patients on the practice clinical system.
- Review best practice in relation to the recognition, diagnosis and early management of sepsis and consider if the practice can appropriately assess all patients, including children, with suspected sepsis.
- Review how patients are involved in care planning and care plan outcomes recorded.
- Continue to review ways to improve uptake rates for cervical screening and the childhood immunisation programme.
- Continue to evaluate patient satisfaction outcomes.
- Consider a system to alert patients when appointments are running late.
- Continue to review ways to encourage patients to engage with the practice through the Patient Participation Group (PPG) to help shape and improve services.

**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

<b>Older people</b>	<b>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b>	

## 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 Church Road Surgery

Church Road Surgery operates at 4A Church Road, Uxbridge, London UB8 3NA from a purpose-built property owned and managed by the principal GP. The practice has four consultation rooms and a reception and waiting area on the ground floor of the premises. The upper floor of the premises, accessible by stairs, accommodates administration offices, a meeting room, staff facilities and consultation room used by a podiatrist providing private treatments.

The practice provides primary medical services to approximately 2,500 patients and holds a core General Medical Services (GMS) Contract. (GMS is a contract between NHS England and general practices for delivering general medical services). The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG).



The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic & screening procedures, maternity and midwifery, surgical procedures and treatment of disease disorder & Injury.

The principal GP, Dr Sashi Shashikanth, also provides GP primary medical services from a separately registered location at West London Medical Centre, 20 Pield Heath Rd, Uxbridge. This location was not inspected as part of this inspection process.

The practice is staffed by a male principal GP covering one clinical session a week, one female salaried GP and one female sessional GP who collectively work a total of nine clinical sessions a week. They are supported by two-part time practice nurses and a part-time health care assistant who collectively work four sessions a week. The administration team is led by a part-time practice manager, part-time deputy practice manager, part-time human resource executive, a full-time senior receptionist and three administration/reception staff.

The practice is an approved training practice for post graduate junior doctors and a teaching practice for medical students. At the time of our inspection there was a foundation year two post graduate junior doctor at the practice six sessions per week.

The opening hours are 8am to 6pm Monday to Friday with the exception of Wednesday when closed from 1pm. Appointments in the morning are from 8.30am to 12.30pm Monday to Friday and from 2pm to 5.30pm Monday, Tuesday, Thursday and Friday. The practice did not offer extended opening hours. Patients requiring appointments out of core hours were directed to the local out-of-hours provider, which was advertised.



The practice population is in the sixth most deprived decile in England, on a scale of one to 10 with one being the most deprived and 10 being the least deprived. People living in more deprived areas tend to have greater need for health services.

# Are services safe?

**We rated the practice as good for providing safe services.**

## Safety systems and processes

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

- The practice had systems in place 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 was available to staff.
- The practice demonstrated the process on the clinical system to highlight vulnerable patients and there was an active risk register. However, on review of this we noted two vulnerable adult patients who had not been appropriately coded.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- 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.
- The practice carried out appropriate staff checks at the time of recruitment. However, there was no system in place to monitor that professional registrations were in date on an ongoing basis. The practice told us it would implement an annual check of GMC and NMC registration immediately after the inspection.
- There was an effective system to manage infection prevention and control (IPC). The practice had addressed the findings of our previous inspection in relation to sharps bins and IPC training for its staff. However, the practice did not have a complete record of the immunisation status of all its staff in direct patient contact in line with Public Health England guidance and no effective system to manage this. After the inspection the practice sent evidence of the immunisation status of all staff in line with national guidance.
- 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 we spoke with were able to demonstrate they knew how to identify and manage patients with severe infections including sepsis. However, there was no local sepsis protocol to guide staff as to the actions to take in a particular situation, the management of sepsis had not been discussed in a clinical meeting and the practice did not have access to a paediatric pulse oximeter.

## Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and had taken action to support good antimicrobial stewardship in line with local and national guidance.

## Are services safe?

- Prescribing data for the period 1 July 2017 to 30 June 2018 showed that antibacterial prescribing was comparable with local and England averages and was lower than local and national averages for the hypnotic 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.
- 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?

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

## Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The 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 treatment plans and prescriptions were updated to reflect any extra or changed needs.

### People with long-term conditions:

- The practice's performance on quality indicators for long term conditions was comparable with local and national averages. The practice demonstrated improvement for patients with diabetes. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 78% (2016/17 achievement 67%).
- We saw that patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. However, some records we reviewed did not include a personalised care and support plan produced in collaboration with patients and carers.
- 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 it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

### Families, children and young people:

- Childhood immunisation uptake rates for children aged one was in line with the target percentage of 90% or above. At the time of our inspection uptake rates for children aged two were below target at 70%. The practice told us they had addressed this through a system of telephone and letter follow-up. Data published after the inspection showed the practice had improved its uptake for this cohort. For example, the percentage of children aged two who had received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) was 87%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had a named health visitor attached to the practice who attended multi-disciplinary meetings which discussed children at risk.

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

- The practice's uptake for cervical screening was 65%, which was statistically comparable with local and national averages but below the 80% coverage target for the national screening programme. The practice told us they were aware of this and had implemented a more coordinated recall system for its patients.
- The practice's uptake for breast and bowel cancer screening was comparable to the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.



# Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We saw evidence of care plans and the practice utilised Coordinate My Care (an NHS clinical service sharing information between healthcare providers, coordinating care, and recording wishes of how a patient would like to be cared for).
- 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's performance on quality indicators for mental health was in line with local and national averages.
- 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 obesity 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.

## Monitoring care and treatment

- The practice had a programme of quality improvement activity which aimed to review the effectiveness and appropriateness of the care provided, for example,

through clinical audit and local initiatives which included prescribing improvement. The practice had undertaken four complete cycle clinical audits in the last two years.

- The practice participated in the Quality Outcome Framework (QOF), a system intended to improve the quality of general practice and reward good practice. At the time of our inspection the most recently published QOF results were those for 2016/17, which showed the practice achieved 96% of the total number of points available (CCG average 97%; England average 97%). After our inspection QOF data for 2017/18 was published which showed the practice had achieved 96% with an overall exception reporting rate of 6% (CCG 9%; national 10%). 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.

## 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 appraisals, 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.



## Are services effective?

- 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.
- 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 and local 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.

### 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.

**Please refer to the evidence tables for further information.**

# Are services caring?

**At our previous inspection on 26 September 2017, we rated the practice as requires improvement for providing caring services as some national GP survey patient satisfaction outcomes in relation to caring had been significantly lower than local and national averages. We saw that the practice had made some improvements and had a plan to address this further. The practice is now rated as good for caring.**

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff treated patients with kindness, respect and compassion.
- Feedback from patients was positive about the way staff treat people.
- Staff we spoke with understood patients' personal, cultural, social and religious needs.
- We received 14 patient Care Quality Commission comment cards, all of which were positive about the service in relation to caring. Patients said staff were caring and friendly and they felt respected and treated with dignity and respect.
- The practice sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period April to September 2018, based on 64 responses, showed that 70% of patients would be extremely likely or likely to recommend the service.
- The practice's national GP patient survey was completed by just under five percent of the practice population. The results for some aspects of caring were variable which had been a finding of our previous inspection. However, the methodology for the survey changed in the 2018 survey and so it was not possible to directly compare the survey with those of previous years. The evidence table outlines the results of the survey published in July 2018. We saw that the practice

had reviewed the latest national GP patient survey and made some initial observations and shared with us an internal patient survey it planned to undertake before the end of the year to explore these outcomes further.

## 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.
- Interpretation services were available for patients who did not have English as a first language. In addition, practice staff spoke several languages which included Tamil, Hindi, Urdu and Punjabi.
- 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 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 we spoke with recognised the importance of people's dignity and respect.
- Feedback from CQC Comments Cards indicated that patients felt they were treated with privacy and dignity.

**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. Patient responses on CQC comment cards indicated that the environment was clean and hygienic. The practice had responded to a recommendation from our previous inspection and fitted an emergency call bell system in the accessible toilet facility.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice had a hearing loop to support patients with hearing impairments.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

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.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

- The practice offered telephone GP consultations which supported patients who were unable to attend the practice during normal working hours.

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.
- Patients who failed to attend for mental health and dementia clinics were followed up by a phone call from a GP.

## Timely access to care and treatment

The majority of patients indicated that they 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.
- The practice told us it attempted to keep waiting times, delays and cancellations to a minimum. Patient feedback indicated that there was no mechanism to indicate when appointments were running over.
- Patients with the most urgent needs had their care and treatment prioritised.
- The majority of patient feedback indicated that the appointment system was easy to use and they were able to book appointments on-line, over the telephone and at the surgery.

## Are services responsive to people's needs?

- The practice's GP patient survey results were comparable to 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/did not respond 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?

**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 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 and values and their role in achieving them.

## 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.
- 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.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.

- There were positive relationships between staff and the management team.

## 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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- 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.
- 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.
- The practice submitted data or notifications to external organisations as required.

## Are services well-led?

- 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 staff and external partners to support high-quality sustainable services. The practice told us it struggled to attract patients to join the Patient Participation Group (PPG).

### **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 was proud of its role as a foundation doctor and medical student teaching and training practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

**Please refer to the evidence tables for further information.**