Lady Margaret Road Medical Centre

Inspection report

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

Ratings

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

Overall summary

This practice is rated as Good overall. (Previous rating 11/12/2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires improvement

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Lady Margaret Road Medical Centre on 19 June 2018. We carried out this inspection in response to a complaint about the availability of home visits to patients; a separate concern about whether the practice was monitoring some types of higher risk medicines effectively and lower than average performance in the National GP patient survey 2017.

At this inspection we found:

- The practice demonstrated it had systems in place to assess the clinical need for home visits and carried out home visits when required.
- The practice monitored patients prescribed higher risk medicines in line with current guidelines and took action when required to review and adjust prescriptions.
- The practice had systems in place to manage most risks. However, we found that the practice was incorrectly operating patient specific directions to authorise the administration of medicines by the health care assistant.
- Published practice performance for managing longer term conditions was variable in 2016/17. The practice provided evidence it was taking action to improve its performance, for example, in managing diabetes.
- The practice had systems in place to reduce the risk of errors and safety incidents. When incidents did occur, the practice learned from them and improved their processes.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice received mixed feedback from patients about compassion, kindness, dignity and patient involvement in decisions.
- Patient feedback was positive about access to the service although recent patient feedback suggested patients were finding it difficult to get though by telephone at busy times of the day.
- The practice had clear systems of governance although there were gaps in its system for monitoring mandatory training.
- There was a focus on continuous learning and improvement.

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

- The practice should review its prescribing procedures to ensure that the health care assistant is only administering medicines to individual patients when properly authorised by a prescriber.
- The practice should review its procedures to monitor that staff have received training to the appropriate level. The practice could not assure us that the practice nurse had been trained to child safeguarding level 2.
- The practice should monitor planned improvements to staff capacity, the telephone system and the appointment system to ensure these result in expected improvements to patient access.
- The practice should obtain and analyse patient feedback about the quality of consultations to improve reported patient experience.

Overall summary

- The practice should review its complaints procedure to ensure patients are informed about the availability of NHS complaints advocacy and log verbal complaints.
- The practice should review whether patients would benefit from installation of an induction hearing loop in the practice.

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)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Our inspection team

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

Background to Lady Margaret Road Medical Centre

Lady Margaret Road Medical Centre provides NHS primary medical services to around 3000 patients in Southall in North West London through a General Medical Services contract. The surgery is located in a converted property.

The provider, Dr Mohammad Alzarrad, operates separate general practices at Northcote Medical Centre, St Marks Medical Centre and Lynwood Surgery all of which are located in Ealing. Lady Margaret Road Medical Centre and Northcote Medical Centre are due to merge later in 2018. This inspection focuses on the service provided at Lady Margaret Road Medical Centre.

The current practice team comprises one lead GP, a salaried GP and three long-term locum GPs. The practice employs a practice nurse, a health care assistant, a practice manager, a secretary and several receptionists.

The practice is open Monday to Friday between 8am and 6.30pm from Monday to Friday. Evening appointments with a GP are available on Monday and Tuesday between 6.30pm and 7.15pm. The practice offers online appointment booking and an electronic prescription service. The GPs make home visits to see patients who are housebound or are too ill to visit the practice. When the practice is closed, patients are advised to use a contracted out-of-hours primary care service if they need urgent primary medical care.

Income deprivation levels are a little higher than average in the area and life expectancy is close to the national average. Around 80% of the practice population is Indian/Bangladeshi/Pakistani by ethnic origin. The prevalence of diabetes is very high at 19%.

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

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

The practice had systems to safeguard children and vulnerable adults from abuse. Most staff received up-to-date safeguarding and safety training appropriate to their role although the practice could not provide evidence that the practice nurse had been trained to level 2 in child safeguarding. Staff knew how to identify and report concerns. Learning from safeguarding incidents was 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. The practice manager checked that the doctors and nurse had maintained their professional registration and completed their annual appraisals.
- The practice had arrangements in place to ensure facilities and equipment were safe and in good working order. The practice manager carried out regular informal checks to identify any new environmental issues.
- There was an effective system to manage infection prevention and control.
- 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. We were told that the administrative team were sometimes stretched during busy periods, for example when the practice opened each morning. The practice was planning to increase the reception staffing following the practice merger with another practice which was due to take place in July.
- There was an induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 staffing the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling and management of medicines. However, it was not correctly authorising the health care assistant to administer injections.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Prior to this inspection, we received a concern about the practice's monitoring of a high-risk medicine related to the practice's anticoagulation service. The practice had audited this service in April and August 2017 and liaised with the local anticoagulation quality assurance officer to implement their recommendations. The practice provided us with evidence that patients on high risk medicines were being appropriately monitored and there were systems in place to follow up any patients who missed appointments.

Good

Are services safe?

- The doctors prescribed 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.
- 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.
- The health care assistant was administering vaccinations without signed patient specific directions in place. Patient specific directions were produced but not signed by a prescriber until the end of the health care assistant's session, that is, after they had administered the medicines. A patient specific direction is a written instruction, signed by a prescriber in the practice, authorising the administration of a specified medicine to a named patient after the prescriber has assessed the patient's suitability.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to specific safety issues such as fire safety.
- 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.

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services except for people with long-term conditions which we rated requires 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.
- 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 otherwise vulnerable received a full assessment of their physical, mental and social needs.
- The practice doctors participated in a local integrated care scheme to ensure that patients with complex needs received appropriate multidisciplinary input and regular reviews 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.
- The practice held regular meetings which were attended by the community nurses. Patients were reviewed on a regular basis.
- The practice encouraged older patients to have appropriate vaccinations in particular the influenza, pneumococcal, and shingles vaccines.
- The practice was aware of and used locally commissioned services to support the care of older patients such as the local falls service.

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.
- The practice's performance on quality indicators for diabetes was below local and national averages in 2016/17. In particular its performance in managing diabetic patients' total cholesterol levels was significantly below average. The practice was participating in a local clinical commissioning group scheme to improve standards of diabetic care and was also involved in a project to identify patients at risk of developing diabetes. The practice showed us data showing that its current performance in relation to diabetes was improving. For example, at the date of inspection, 68% of diabetic patients' blood sugar levels were adequately controlled (that is, less than 64 mmol/mol).
- 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, COPD, atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisation uptake rates were in line with or just below the target percentage of 90%. The practice was taking action to improve child immunisation uptake in the older age cohorts by actively following up families who had missed an immunisation. The nurse now telephoned parents and the practice added alerts to the patient records system so that parents were opportunistically reminded about the importance of immunisation if they attended the practice for another reason.
- 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 66%, which was below the 80% coverage target for the

national screening programme. However, practice performance was comparable with other practices locally. The practice nurse actively followed-up women who did not respond to their written invitation to attend for a test.
- The practice's uptake for breast cancer screening was above 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.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people 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's published performance on quality indicators for mental health was above average.
- 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 and interventions to encourage physical activity and to tackle obesity, diabetes and heart disease.
- The practice used standardised templates, for example to systematically assess the risk of suicide or self-harm. The practice had arrangements in place to refer patients at risk to appropriate support.
- 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 and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives which included the management of long term conditions and prescribing initiatives.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 92.7% of the total number of points available compared to the national average of 96.4%.
- The overall practice exception reporting was 4% compared to the national average of 6%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The practice used information about care and treatment to make improvements.

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. 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. This included one to one meetings, appraisals and shadowing opportunities for new staff members.

Coordinating care and treatment

Good

Are services effective?

Staff worked together and with other health and social care professionals to deliver effective care and treatment. The health care assistant was supervised by the doctors.

- 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. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated 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

The practice provided help to patients to live healthier lives.

- The practice identified patients who might 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 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 winter flu vaccination.

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.

Requires improvement

Are services caring?

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

Kindness, respect and compassion

The practice aimed to treat patients with kindness, respect and compassion.

- The feedback we received from patients during the inspection was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice provided patients with information about health conditions and sources of support.
- We observed the reception team greeting patients in a friendly and polite manner and assisting people with questions.
- However, the practice's national GP patient survey results were consistently below local and national averages for questions relating to kindness, respect and compassion. The practice survey results had not improved since our previous inspection in December 2015.
- The practice had conducted its own patient survey in 2017. The results of this exercise were generally positive about respect and compassion. The practice had not explored the possible reasons for its below average results in the national survey in more depth.

Involvement in decisions about care and treatment

Staff told us they helped patients to be involved in decisions about care and treatment. The practice was 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, staff could speak several languages commonly spoken in the local area.
- The practice proactively identified carers and provided information about local services and further sources of support.
- The practice's national GP patient survey results were consistently below local and national averages for questions relating to involvement in decisions about care and treatment. We were told that the planned merger with the sister practice would focus staff capacity at one site at Lady Margaret Road Medical Centre and this was expected to improve patient experience.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer them a more private area to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

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

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.

- We carried out this inspection partly in response to a complaint about the availability of home visits to patients. The practice was able to demonstrate that it had a system in place to assess the clinical need for home visits and carried out home visits when required. All the GPs including locum GPs carried out home visits when required.
- 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 who were more vulnerable or who had complex needs.
- 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 been informed of their named GP. We were told the planned merger with the sister practice would improve continuity as there would be less need for some members of the clinical staff to work across different sites.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs, for example for flu vaccination.
- There was a medicines delivery service for housebound patients.

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.
- The practice developed care plans with patients with complex conditions.

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 under the age of 18 were offered a same day appointment when necessary.
- Women were referred (or could self-refer) to the local community health services for maternity care including all routine antenatal check-ups.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice prioritised same day appointments to young children and babies. Parents were also able to consult their GP by telephone.

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.
- The practice was open two evenings a week so that patients could visit outside of normal working hours. Patients also had access to local primary care 'hub' services in the evening and at weekends.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily 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.

Good

Are services responsive to people's needs?

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 managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice had recently expanded its opening hours.
- The practice's national GP patient survey results were in line with other practices for questions relating to access to care and treatment.
- However, the national survey along with other sources of patient feedback showed that patients found it difficult to get through to the practice by telephone at busy times. The practice was aware of this problem and had discussed options with the patient participation group at the previous meeting. The practice also planned to upgrade the telephone system and increase reception team capacity following the merger with the sister practice which was due to take place in July 2018.

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 although the information for patients did not include any reference to the availability of NHS advocacy services to support patients wishing to make a complaint.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

Are services well-led?

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible. They worked closely with staff and others to provide the service. The principal GP and practice manager worked across a number of sites during the working week. Staff told us they were readily contactable and could attend the practice if there were any problems.
- The practice manager was keen to develop their leadership capacity and skills.
- The practice was consolidating and merging its services across its various sites to improve quality, efficiency and sustainability. It was involving patients in this work. The practice did not yet have a longer-term succession strategy.

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 objectives. The practice had a realistic strategy and supporting business plans to achieve identified priorities.
- Staff were aware of and understood the vision and strategy and their role in achieving them.
- The strategy was in line with health and social 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 developed a positive working culture.

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All established staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a focus on the safety and well-being of staff.
- Staff had received equality and diversity training.

Governance arrangements

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

- Structures and systems to support good governance were clearly set out and understood. The governance of joint working arrangements promoted co-ordinated person-centred care.
- Staff were clear about their roles and accountabilities including in respect of safeguarding.
- Practice leaders had established policies, procedures and activities to ensure safety. However, the procedure for delegating the administration of vaccines to the health care assistant was not in line with legal requirements.
- The practice manager monitored staff completion of mandatory training but their system for doing so had gaps. The practice was unable to assure us that the practice nurse had undertaken child safeguarding training at the level appropriate to their role.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address most current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical

Good

Are services well-led?

staff could be demonstrated through audit and clinical team discussion. Practice leaders had oversight of national and local 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 and medical emergencies.
- The practice implemented service developments for the benefit of patients and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to develop and improve its services.

- The practice had a patient participation group and was recruiting new members. The group had met once recently to discuss a planned merger of the practice.
- The service was collaborative with stakeholders about performance.

Continuous improvement and innovation

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

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Recent developments included the participation of the practice in a local scheme to improve the management of diabetes in the clinical commissioning group area. The practice population had a high prevalence of diabetes and the practice was keen to support patients in managing this condition more effectively.
- The practice had recently developed a practice website.

Please refer to the evidence tables for further information.