Al-Shafa Medical Centre

Inspection report

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

Ratings

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

Overall summary

This practice is rated as Good overall. The practice was rated requires improvement in the responsive key question in the last inspection on 18 January 2017.

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

We carried out an announced comprehensive inspection at Al-Shafa Medical Centre on 11 September 2018 as part of our inspection programme and to follow up on the requires improvement rating in the responsive key question from the last inspection.

At this inspection we found:

- The practice had comprehensive safety records relating to risks throughout the practice. For example, fire policies and checks, health and safety and infection control risk assessments.
- The practice could not demonstrate that all new staff had received safeguarding training or that this had been risk assessed.
- The practice had achieved the national target of 90% in all indicators relating to childhood immunisations.
- The 2018 national patient survey indicated that actions taken as a result of the previous survey had led to some improvements in patient satisfaction.
- Systems of analysis of practice performance and the needs of the population were demonstrated by the practice and were embedded along with a high level of monitoring of staff and patient outcomes.

We saw one area of outstanding practice:

- The practice provided a one stop non-invasive community cardiology (heart) service for diagnosing heart conditions. This included the provision of a range of tests such as, electrocardiography (ECG), 24/48-hour blood pressure monitoring and echogram (scan). The provision of this service had positively benefited patients. For example, the practice identified 47 patients out of 176 patients (that had up to 48 hours monitoring of their heart) as having abnormal results. They also identified 96 patients out of 226 (who had ECGs) as having abnormal results. All these patients were referred to secondary care specialising in Cardiology. Patients as a result received earlier diagnosis and treatment and required fewer visits to the hospital for tests. The practice demonstrated that unplanned admissions in their patients was lower than local averages.

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

- Review the system regarding the monitoring of emergency medicines.
- Consider ways in which clinical waste bins might be stored more securely.
- Review the system for staff training and consider ways to mitigate the risk of gaps in training for new starters.
- Review prescription security and consider ways of ensuring that all blank prescriptions that are issued to consulting rooms can be monitored appropriately.
- Consider ways to ensure that patients engage with cancer screening to support improved uptake.
- Review hypnotic prescribing to identify areas for improvement going forward.
- Continue to ensure diabetes management is a priority and actions taken can demonstrate improvements.

Overall summary

Professor Steve Field CBE FRCP FFPH FRCGPChief 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	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 Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and a CQC inspection manager.

Background to Al-Shafa Medical Centre

Al-Shafa Medical centre is situated in the Aston area of Birmingham, within a purpose-built health centre. The practice population is approximately 8200 patients with a higher number of patients under 65 years of age compared to the national average. Approximately 84% of the practice population identify as Black, Minority, Ethnic (BME).

The level of deprivation in the area according to the deprivation decile is one out of ten (The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The Index of Multiple Deprivation ranks areas in England from one (most deprived area) to ten (least deprived area). For more information on the practice please visit their website at

Al-Shafa Medical Centre is led by two GP partners (both male) and also employs three salaried GPs (two male and one female), two practice nurses (female) and four HCAs (all female). The practice manager is supported by a team of administration and reception staff.

The practice's opening hours are Monday to Friday 8 am until 7 pm. Appointments are available throughout the day from 9 am until 7 pm on all weekdays. The practice's out of hours service is accessed by NHS 111, who then refer to Primecare. Telephone lines are automatically diverted to NHS 111 when the practice is closed.

The practice is a member of the My healthcare federation that offer extended hours at local hub centres, each weekday and at weekends from 8am until 8pm.

The practice provides NHS primary health care services for patients registered with the practice and holds a General Medical Service (GMS) contract with the local Clinical Commissioning Group (CCG).

Al-Shafa Medical Centre is registered with CQC to provide five regulated activities associated with primary medical services, which are: treatment of disease, disorder and injury; family planning; maternity and midwifery; diagnostic and screening procedures and surgical procedures.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Most, but not all staff, whose files we viewed, had received up-to-date safeguarding and safety training appropriate to their role. When asked however, the staff we spoke with knew how to identify and report concerns.
- Learning from any 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.)
- The practice took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control and arrangements for managing waste and clinical specimens However, we also identified some areas for improvement, with regards to monitoring and oversight of cleaning arrangements.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods.
- There was an induction system for all staff, including temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff we spoke with understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff that we spoke with including 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.
- 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 of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases and equipment minimised risks but did not always ensure comprehensive record keeping of emergency medicines. The practice demonstrated that medicines were checked, but there wasn't a consistent approach to this.

Good

Are services safe?

- We saw that staff prescribed and administered 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 unable to demonstrate that they had fully considered the security and traceability of prescriptions that were issued to each consulting room.
- 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 generally 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.
- The practice was not always able to demonstrate that they had considered all relevant risk. For example, training of new staff members and prescription security.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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

Please refer to the evidence tables for further information.

Good

Are services effective?

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

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.
- The practice used technology within the practice waiting areas to allow patients to assess their own blood pressure and weight.
- 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 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.
- The practice completed annual health checks for patients over 75 years of age.
- The practice told us that they actively administered pneumococcal and shingles vaccinations for patient over 75. Records we viewed confirmed this.

People with long-term conditions:

- The practice held a register of patients with long term conditions such as diabetes, asthma and cardiovascular disease (CVD).
- 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 whose files we viewed, 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.
- 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 and chronic obstructive pulmonary disease (COPD).
- The practice demonstrated that they had appointed designated nursing leads for various long-term conditions, including diabetes.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

Good

Are services effective?

- Childhood immunisation uptake rates were above the national target percentage of 90%. They were also above the World Health Organisation (WHO) target of 95% in two out of the four indicators.
- 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):

- Data provided by Public Health England (PHE) showed the practice's uptake for cervical screening was below the 80% coverage target for the national screening programme. The practice was not aware of their lower than average coverage but had taken action to continue to improve.
- The practice's uptake for breast and bowel cancer screening was below the local and national averages. The practice was aware of their lower than average coverage and were taking actions to address this.
- 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 assessed and monitored the physical health of people with 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 and completed annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- Exception reporting at the practice was 3% overall (exception reporting is when a practice excludes specific patients from data collected to calculate achievement scores. Patients can be exception-reported from individual indicators

for various reasons, for example if they are newly diagnosed or newly registered with a practice, if they do not attend appointments or where the treatment is judged to be inappropriate by the GP, such as medication cannot be prescribed due to side-effects). This was lower than the local and national averages of 6%. One indicator relating to cardiovascular disease was above the local and national averages. The practice was able to explain this.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff we spoke with had the skills, knowledge and experience to carry out their roles.

- Staff that we spoke with 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 files we viewed, whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate, when asked, how they stayed up to date.
- The practice had not clearly identified the core learning needs of new staff, but provided protected time and training to meet the needs of long standing staff members. Up to date records of skills, qualifications and training were generally maintained. Staff we spoke with told us that they 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 but did not include any training.
- 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 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.
- The practice demonstrated that patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns.

Consent to care and treatment

Good

Are services effective?

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

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

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mixed about the way they felt staff treated them but indicated some improvements. Indicators, however, remained lower than local and national averages in the national GP patient survey.
- Staff we spoke with understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were lower than local and national averages for questions relating to kindness, respect and compassion. The practice were aware of areas that they felt needed improving and had produced action plans to address these.

Involvement in decisions about care and treatment

Staff generally 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.)

- The practice demonstrated that they communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- We saw that 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 practices GP patient survey results were lower than local and national averages for questions relating to involvement in decisions about care and treatment. The practice were aware of areas that they felt needed improving and had produced action plans to address these, including extending appointment times to 15 minutes.
- Feedback from patients on the day of the inspection in the form of interviews and CQC comment cards was positive about how involved patients felt in their care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff we spoke with explained that when patients wanted to discuss sensitive issues or appeared distressed they offered them a private room to discuss their needs.
- Staff also demonstrated that they recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice generally organised and delivered services to meet patients' needs. It took account of patient needs and preferences and made changes when trying to address these.

- The practice understood the needs of its population and tried to tailor services in response to those needs.
- Telephone consultations were available to support 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 are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had developed a policy and embedded practice that prioritised appointments for older patients.
- The practice had identified that the majority of patients who had difficulty understanding spoken English were older people and thus employed staff who were skilled in multiple languages to ensure efficient communication.
- Longer appointments were available for older people if necessary.

People with long-term conditions:

- Patients with long-term conditions, whose records we viewed, received an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team and other professionals to discuss and manage the needs of patients with complex medical issues.
- The practice had appointed nurses with specialist areas relating to long term conditions.
- The practice demonstrated that most staff had received training relating to long term conditions to ensure they understood patient needs.

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 16 were offered a same day appointment when necessary.
- The practice ran ante-natal clinics every week and visiting midwives could see both patient and GP on the same day if there were any concerns.

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

Good

Are services responsive to people's needs?

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and weekend appointments.
- Appointments were available for this population group outside of normal working hours and had provided more appointments than was expected for the number of GPs employed by the practice.

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 facilitated home visits for vulnerable patients with learning disabilities to ensure that they were receiving the care and treatment they required, if they were unable to attend the practice.

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients felt that they were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patient feedback we received from various sources indicated that they felt that they were not always able to access timely appointments.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- From all the feedback we received from various sources, some patients reported that the appointment system was easy to use, others did not.
- The practice's national GP patient survey results were lower than local and national averages in questions relating to access to care and treatment. The practice was aware of these lower areas of performance and had developed action plans and had completed work in some areas, to address these. This included the installation of a new telephone system which also allowed for improved monitoring of telephone traffic and peak times.

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 could not demonstrate that it was always able to learn lessons from individual concerns and complaints and also from analysis of trends as it had not documented all complaints that had been resolved verbally, which posed the risk of missed learning opportunities. The practice acted as a result of complaints to improve the quality of care. All complaints that were documented had been discussed at team meetings.

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 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 ensuring that all staff were multi skilled.

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

Culture

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

- Staff that we spoke with stated they felt respected, supported and valued.
- The practice demonstrated that they had a focus on the needs of their 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. We saw a whistleblowing policy and staff were aware of its content when asked.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals and 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 and told us, when asked, that they felt they were treated equally.
- There appeared to be positive relationships between staff and teams.

Governance arrangements

There were responsibilities, roles and systems of accountability to support governance and management however these could benefit from strengthening.

- Structures, processes and systems to support governance and management were set out and understood. However, we identified a small number of areas where oversight of systems in place could be improved.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.

Good

Are services well-led?

- Staff we spoke with 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

Overall there were clear and effective processes for managing risks, issues and performance, There was a process to identify, understand, monitor and address current and future risks including risks to patient safety although we identified a small number of areas for improvement.

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff we spoke with knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Please refer to the evidence tables for further information.