Dr Sajid Zaib (Oakfield Surgery)

Inspection report

Oakfield Surgery
Oakfield Road
Aylesbury
Buckinghamshire
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Website: www.oakfieldsurgery.co.uk

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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 previous inspection was in August 2015 and the practice was rated Good.

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 inspection at Dr Sajid Zaib, more commonly known as Oakfield Surgery, in Aylesbury, Buckinghamshire on 29 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. This included a programme of quality improvement activities including clinical audits. The practice ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were clean and hygienic.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. This included supporting the next generation of staff in primary care, for example GP Registrars and student nurses.

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

- Provide awareness training for all staff on the 'red flag' sepsis symptoms that might be reported by patients and how to respond appropriately.
- Complete and record annual fire drills and fire evacuation procedures.
- Look at methods to improve the uptake of cervical screening for eligible patients.
- Review the practice computer and internal systems to ensure all documents and correspondence are easily and readily available.

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	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.

Background to Dr Sajid Zaib (Oakfield Surgery)

Dr Sajid Zaib is more commonly known as the Oakfield Surgery and is located on Oakfield Road on the outskirts of the Aylesbury town centre. The practice provides general medical services to approximately 5,400 registered patients and is one of the practices within Buckinghamshire Clinical Commissioning Group (CCG).

Services are provided from one location:

- Oakfield Surgery, Oakfield Road, Aylesbury, Buckinghamshire HP20 1LJ

The practice website is:

- www.oakfieldsurgery.co.uk

There are five GPs (four male and 1 female) at the practice, this included two (both male) GP Registrars. The practice is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

The all-female nursing team consists of one practice nurse and one health care assistant with a mix of skills and experience. In addition, the practice supports student nurses who observe the nursing team for periods up to five weeks.

A practice manager and a team of reception and administrative staff undertake the day to day management and running of the practice.

The age distribution of the registered patients is largely similar to the national averages. The prevalence of patients with a long standing health condition is 50% which is similar when compared to the national average of 54%. The practice population also includes a proportion of patients from the boating and canal community based at the nearby marina.

The practice has core opening hours between 8am and 6pm every weekday. Patients at the practice could access improved access appointments at primary care access hubs across Aylesbury and Buckinghamshire. These improved access appointments were booked via the patients registered practice and offered a variety of appointments including up until 8pm Monday to Friday, selected hours on Saturdays and 9am until 1pm on Sunday and Bank Holidays.

Out of hours care is accessed by contacting NHS 111.

The practice is registered by the Care Quality Commission (CQC) to carry out the following regulated activities: Maternity and midwifery services, Family planning, Treatment of disease, disorder or injury, Surgical procedures and Diagnostic and screening 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. We saw staff received up-to-date safeguarding and safety training appropriate to their role. During the inspection, the practice could not demonstrate completion of the correct level of safeguarding training for the three GPs. Evidence of this training was produced within two days of the inspection. Staff we spoke with knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- 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 appropriate 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 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. However, reception staff had not received awareness training for 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 reliable systems for appropriate and safe handling of medicines.

- The practices prescribing data for a spectrum antibiotics was similar when compared to local and national averages. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national and local guidance, for example use of the Bucks Formulary. The Bucks Formulary is local prescribing guidance maintained by the formulary team of Buckinghamshire Healthcare NHS Trust in collaboration with NHS Buckinghamshire Medicines Management Team. This included good performance prescribing data for hypnotic medicines.

Good

Are services safe?

- 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, and external safety specialists.

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.

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.
- The practice had computer searches and a variety of patient registers to ensure that the recall system was effective.
- 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:

- The practice worked with the clinical commissioning group (CCG), other local practices and a designated nurse team to support patients aged over 75. The aim of the role was to transform care of the elderly in the locality and included supporting those aged over 75 to live independently in their own homes.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. This work was predominately completed by the over 75's nurse. We saw an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- 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 GPs and nurse worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 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.
- The practice's performance on quality indicators for long term conditions was similar to local averages. Outcome data was monitored through a local quality scheme which launched in 2017 and placed a greater emphasis on patient empowerment to understand and self-manage their own condition.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 72%, which was below the 80% coverage target for the national screening programme. The practice was working with the cancer lead from the CCG and had recently joined a local quality improvement pilot scheme to improve the management of cancer outcomes.
- The practice's uptake for breast and bowel cancer screening was above the national average.

Good

Are services effective?

- 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, travellers including the boating and canal community and those with a learning disability.
- The practice offered annual health checks to patients with a learning disability. Using data for 2017/18, we saw there were 16 patients on the learning disability register. All 16 (100%) had been invited for a health check and 15 (94%) had attended and had a health check recorded.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practices performance on quality indicators for mental health and dementia was in line with local averages. The practice had reviewed outcome data for mental health indicators, instigated an action plan and had evidenced improvement on the previous year's data.

Monitoring care and treatment

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

The practice used the information collected for the local outcome scheme known as Primary Care Development Scheme (PCDS) and performance against national screening programmes to monitor outcomes for patients. The practice was working with the local CCG which had introduced a care and support approach, known as Primary Care Development Scheme (PCDS), for the care of many long-term conditions.

- In 2017/18, in the first PCDS year, the practice met several of the locally agreed targets. We saw evidence that the practice was working with the CCG to review the coding of medical interventions aligned to the local outcome scheme and the second-year priorities. We were provided data from October 2018, which indicated the practice was above and in line with the locality averages for several different priorities including many long-term conditions outcomes and common mental health outcomes, the practice were optimistic the review of the coding and subsequent action plans would result in meeting all the set targets by March 2019.
- The practice was actively involved in quality improvement activity. The practice received feedback from GP Registrars which highlighted the support the practice had provided to complete quality improvement activity including clinical audit to support their development. Where appropriate, clinicians took part in local and national improvement initiatives. For example, annual participation in the national diabetes '8 care process' audit.

Effective staffing

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

Good

Are services effective?

- 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. We reviewed a completed appraisal which highlighted the practice nurse wanted to develop their teaching and mentorship skills. During the inspection, we saw this had been actioned and they were supporting and mentoring a student nurse for five weeks
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. The practice had invited several different health and social care professionals who worked closely with the practice team to speak to the inspection team. The over 75's team, health visitor and palliative care team spoke positively of the coordinated and effective teamwork in managing patients as they moved between services.
- 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 care and support planning for many long term conditions.
- 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, reviewing loneliness within the community, flu vaccination campaign and tackling obesity. The practice was working with the CCG and a leading cancer charity to launch a programme designed to improve cancer outcomes within the practice.

Consent to care and treatment

There was a consistent approach to how the practice obtained consent to care and treatment in line with legislation and guidance.

- All clinicians understood their responsibilities under the Mental Capacity Act when treating adults who might not be able to make informed decisions.

Good

Are services effective?

- The practice monitored the process for seeking and recording consent appropriately. This was evident through our review of patient records who had procedures which required consent. Patients who had minor surgery, for example skin excisions had a written signed consent form explaining potential risks recorded within their record.

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 positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were above local and national averages for questions relating to kindness, respect and compassion. For example, 92% of respondents to the GP patient survey stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern. This was slightly higher than the local average (88%) and national average (87%).

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. Although only a small cohort of patients communicated through British Sign Language (BSL), one of the reception team was trained to communicate using BSL.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were above local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

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 the changing patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises had been improved and 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. This coordination was praised through feedback from the palliative care team who worked closely with the practice.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice, specifically the over 75's nurse aligned to the practice, was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs. Longer appointments were available for patients, including double appointment slots.
- The practice held regular meetings with the local community 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 under the age of 18 were offered a same day appointment when necessary.
- Appointments were available outside of school hours and the premises were suitable for children and babies. We heard about positive examples of joint working with midwives, health visitors and school nurses.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, through collaborate work with other local practices to provide additional improved access appointments at primary care access hubs across Buckinghamshire. Although the practice did not provide extended hours, patient feedback we collected highlighted GPs have seen patients past the normal hours if required.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, patients from the local boating and canal community and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode and temporary locations.

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?

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were above but statistically comparable to local and national averages for questions relating to access to care and treatment. For example, 86% of respondents to the GP patient survey responded positively to the overall experience of making an appointment. This was 17% higher when compared to the local average and national average, both of which were 69%.

Listening and learning from concerns and complaints

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

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

Please refer to the evidence tables for further information.

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 local, regional and national 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.

Vision and strategy

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

- The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the ethos and practice 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, including clinical performance and patient satisfaction against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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. This included temporary members of staff, for example the GP Registrars and student nurse.
- There was a strong emphasis on the safety and well-being of all staff. A recent award for the nursing team had been celebrated by the full practice team.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, internal systems and storage of correspondence could be strengthened.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. We observed some of the systems to manage governance including the practice computer and internal systems to store policies were not always clear and effective.

Managing risks, issues and performance

There were 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.

Good

Are services well-led?

- 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.
- 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. For example, work with the clinical commissioning group to review the medical intervention codes used in the local patient outcome scheme.
- The practice used information technology systems to monitor and improve the quality of care.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance. This was evidenced through our conversations with stakeholders during the inspection.

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 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.
- Managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.