

Dr Alma Sarajlic

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. (Previous inspection August 2017 – Requires Improvement).

The key questions 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 Dr Alma Sarajlic (also known as Staines Road Surgery) on 17 April 2018. This inspection was carried-out to follow up on breaches of regulations identified at the previous inspection.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen; however, with regards to the storage of refrigerated medicines, a complete audit trail of the action taken when the fridge storing these medicines went outside of the recommended temperature was not always kept.
- When safety incidents did happen, the practice learned from them and improved their processes.
- The practice carried-out some reviews of the effectiveness and appropriateness of the care it provided; however, it did not always ensure that these reviews led to systemic improvements.
- During the previous inspection we had concerns about the practice's failure to assure itself that all staff had received the training they required and remained competent to perform their role. We were informed that the practice was in the process of planning appraisals for the current year, which would include an assessment of competency where appropriate.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a commitment to continuous learning and improvement at all levels of the organisation.

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

- Consider how staff can be effectively appraised to allow the provider to be assured of their ongoing competency, and ensure that the necessary assessments are completed and any identified training needs are met. Review and improve the arrangements in place for monitoring when staff training is due.
- Review the newly implemented Healthcare Assistant protocol to ensure that it accurately reflects the role and the safeguards in place to deliver a safe service.
- Review and improve the current arrangements for the storage of refrigerated medicines and make any necessary changes to ensure the risks identified are mitigated.
- Review and improve the arrangements in place for monitoring uncollected prescriptions.
- Continue to improve the uptake of childhood immunisations.
- Consider how the audit process could be developed to include routine review of clinical decision making, and to ensure systemic improvements are made to the service as a result of the audits undertaken.
- Display information about how to make a complaint in the practice and include contact details for the Parliamentary and Health Service Ombudsman in complaint response letters.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection Manager and a GP specialist adviser.

Background to Dr Alma Sarajlic

Dr Alma Sarajlic, also known as Staines Road Surgery, provides primary medical services in Twickenham to approximately 3000 patients and is one of 29 practices in Richmond Clinical Commissioning Group (CCG).

The practice population is in the third least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is higher than the CCG average of 10%, and for older people the practice value is 14%, which is higher than the CCG average of 12%. The age profile of the patients registered at the practice is broadly the same as the CCG averages, with the majority of patients aged 15-44 years. Of patients registered with the practice, the largest group by ethnicity are white (78%), followed by Asian (13%), mixed (4%), black (3%) and other non-white ethnic groups (2%).

The practice is located on the ground floor of a newly refurbished premises and comprises a reception area, waiting room, four doctor consulting rooms, two nursing consultation rooms, a staff room and administrative offices. There are also patient toilets, including an accessible toilet.

The practice team at the surgery is made up of one full time female GP, one long-term locum GP, and one part time female healthcare assistant. At the time of the

inspection the practice had a vacancy for a practice nurse, which was being temporarily filled by a locum nurse. The practice team also consists of a practice manager and reception/administrative staff.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8:30am and 6.30pm Monday to Friday. Appointments are from 9am to 11:30am every morning, and 4pm to 6pm every afternoon apart from Wednesdays when there is no scheduled afternoon surgery (emergencies are seen when necessary). Extended hours surgeries are offered between 6:30pm and 7:15pm on Mondays and Thursdays. In total 9 GP sessions are available per week. Patients can also access appointments via the CCG seven-day opening Hub, which offers appointments from 8am until 8pm every day.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a sole provider with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

Are services safe?

At our previous inspection on 15 August 2017 we rated the practice as inadequate for providing safe services, as the arrangements in respect of the role and support arrangements for the healthcare assistant, safeguarding refresher training, prescription paperwork and sharing of learning following significant events were insufficient.

We issued a warning notice in respect of these issues and the practice submitted an action plan, outlining the action they would take to comply with regulations. We found arrangements had significantly improved when we undertook the follow up inspection of the service on 17 April 2018. The practice is now rated as good for being safe.

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. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried-out 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 adequate systems to assess, monitor and manage risks to patient safety.

- Following the concerns raised during the previous inspection regarding the role of the healthcare assistant, the practice had put in place a protocol relating to this role, which set out the tasks and responsibilities; however, this required further review in order to ensure it was sufficiently specific to ensure the delivery of safe care and treatment. The Healthcare Assistant had also completed further training following the previous inspection, on areas relating to her role. The practice told us that they would be reviewing the way that they delivered annual appraisals for staff to include, where appropriate, an assessment of competency in key areas of their roles; this information would then be used to develop a learning plan for the following year.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

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

Are services safe?

- Overall, the systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks; however, we noted that the fridge for storing medicines only had an in-built thermometer, with no external thermometer in place should the built-in thermometer fail. We also noted seven times during the past month where the fridge temperature had gone slightly out of range, and whilst the practice informed us that they had checked with the manufacturer that the vaccines remained safe to use, they had not recorded this action, nor had they considered the implications of these vaccines being temporarily stored outside of the terms of licence.
- At the previous inspection in August 2017 we found that the practice had failed to store prescription stationery in line with NHS guidance; this had been addressed when we returned to the practice in April 2018, where we found that prescription stationery was appropriately stored and monitored.
- We were told that staff checked uncollected prescriptions monthly; however, we found 13 prescriptions which ranged in date of issue between June 2016 and March 2018.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice's antibiotic prescribing rate was below local and national averages both for overall prescribing and prescribing of broad-spectrum antibiotics (broad spectrum antibiotics are those which act against a wide range of disease-causing bacteria, but which may contribute to antibiotic resistance).

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection on 15 August 2017 we rated the practice as requires improvement for providing effective services, as the arrangements in respect of quality assurance were insufficient; specifically, the practice had not completed any two-cycle audits in the preceding year.

We issued a requirement notice in respect of this issue and the practice submitted an action plan, outlining the action they would take to comply with regulations. We found arrangements had improved when we undertook the follow up inspection of the service on 17 April 2018. The practice is now rated as good for being effective.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

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

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

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had 112 patients aged over 75 and in the past year 100 of these patients had received a health check.

- 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. The healthcare assistant was involved in gathering information from patients and conducting tests or taking measurements (such as spirometry tests, observing asthma inhaler technique and measuring blood pressure), but would in all cases discuss the outcome of these tests with a GP, who would decide whether they needed to see the patient. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90% or above. The practice was aware of their need to improve in this area and had introduced a process of actively contacting patients to encourage them to bring their children for immunisation; however, this had been negatively impacted by the practice nurse position being vacant.

Are services effective?

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

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

- The practice's uptake for cervical screening was 65%, which was below the 80% coverage target for the national screening programme but in line with the local average of 70% and national average of 72%.
- The practices' uptake for breast and bowel cancer screening was in line with the national average.
- The practice had information on display to encourage 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 and those with a learning disability.

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.
- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.

- 86% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the national average.
- 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

At the previous inspection in August 2017 we found that the practice had not completed any full two-cycle audits in the preceding year. When we returned to the practice in April 2018 we found that the practice had undertaken activities to review and monitor their performance in certain areas; however, there was limited evidence of learning or systemic quality improvement as a result. For example, the practice monitored the number of patients admitted to hospital who were on their "Avoiding Unplanned Admissions" list (a list of patients with high-level needs who were at risk of requiring unplanned admission to hospital), and recorded whether the number of patients had risen or fallen compared to the previous month and whether the patient had been followed-up. However, there was no evidence that the practice had used this information to understand why these patients were needing hospital treatment and to put arrangements in place to reduce admissions in the future.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice participated in medicines reviews recommended by the CCG Medicines Team, such as looking at polypharmacy.

Effective staffing

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

- The practice understood the need for staff to carry-out regular training on core subjects such as basic life

Are services effective?

support and safeguarding and we saw evidence that this training was carried-out. The practice had not risk assessed the frequency with which staff should attend fire safety training; however, there was evidence that fire drills were carried-out annually and that any issues arising from these would be discussed with staff.

- During the previous inspection we found that the healthcare assistant had not received refresher training in areas specific to her role, such as phlebotomy and spirometry, for approximately 10 years and that the practice had failed to assess her ongoing competency in these areas or undertake any other assessment of whether refresher training was necessary. We saw evidence that following the previous inspection, the healthcare assistant completed some further training in areas such as diabetic foot care and asthma care. The healthcare assistant had not received an appraisal since the previous inspection, as we were told that this was due to be completed at the end of April 2018; however, the practice informed us that they would complete a further review of her role and assessment of further training needs as part of the appraisal process.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for 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 deciding 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 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 discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Are services caring?

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.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand, for example, communication aids were available.

- 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.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- 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 a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was 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. Consultation times were flexible to meet each patient's specific 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours appointments.

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.

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.

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 via the practice's website and on request from reception for patients without access to the internet; however, there was no information on display in the practice about how to make a complaint.
- The complaint policy and procedures were in line with recognised guidance. The practice did not routinely include details of the Parliamentary and Health Service Ombudsman in complaint response letters; however, this information was available in their complaints policy. The practice analysed complaints to identify lessons

Are services responsive to people's needs?

that could be learned and action that could be taken to improve the quality of care both relating to the subject of the complaints itself and the handling of the complaint. For example, following a complaint which

involved a patient being verbally abusive to staff, the practice considered whether further customer service training for staff could assist in preventing incidents escalating in the future.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills; for example, the current practice manager had previously worked at the practice as a receptionist and had received training to develop into the role of manager.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

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.

- The practice was in the process of developing arrangements to ensure they were providing all staff with the development they needed. This included a review of appraisal arrangements for some staff to include an assessment of ongoing competency.
- There was a commitment to the safety and well-being of all staff.
- 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.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Overall, practice leaders had established proper policies, procedures and activities to ensure safety; however, in some areas, they lacked processes to establish whether they were operating as intended and to assure themselves that care met the standards required. For example, whilst the practice could demonstrate that GPs sought advice from each other about issues relating to patient care where necessary, the practice did not have a process for randomised auditing of clinical consultations. The practice provided evidence to demonstrate that the volume of antibiotics they were prescribing was below the CCG's maximum target; however, they had not conducted a full audit of their antibiotic prescribing to ensure that all doctors were following guidance.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.

Are services well-led?

- In selected areas, clinical audit was used to monitor the quality of care and outcomes for patients; however, there was no clear evidence of action to embed systemic change to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The practice used performance information which was reported and monitored.
- 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 effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was a "virtual" patient participation group who were consulted on issues affecting patients; for example, the change to the provision of extended hours appointments from a long extended hours clinic once a week to a shorter clinic spread over two days per week.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation; however, in some areas these required development.

- There was recognition of the need for continuous learning and improvement.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Processes were in place to monitor performance and ensure quality; however, these did not always include actions to facilitate improvements.

Please refer to the Evidence Tables for further information.