

# The Mews Practice Limited

# The Mews Practice

## Inspection report

The Mews  
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## Overall summary

We carried out an announced comprehensive inspection of The Mews Practice on 4 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

#### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

#### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

#### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice provides independent general practitioner services to the population of Guildford and the surrounding area.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The

# Summary of findings

Mews Practice provides regenerative therapies and nutritional support which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

At The Mews Practice, the regenerative therapies and nutritional support that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the treatment for weight reduction, but not the Regenerative Therapies and nutritional support services.

The previous registered manager had left the practice and the practice were in the process of registering a new registered manager with CQC. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Forty people provided feedback about the service via comment cards all of which was positive about the standard of care they received. The service was described as excellent and staff were described as professional and caring. Patients felt that they were treated with dignity and respect, were involved in their own care, were listened to and received clear explanations of their options. We also looked at a random sample of feedback cards that the practice encouraged patients to fill in and all were very positive about the service. Five patients had provided reviews on internet review sites and all five reviews gave the service five out of five stars.

## Our key findings were:

- The service had clear 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 service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based research or guidelines.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Appointments were available seven days a week.
- The practice was proactive in seeking patient feedback and identifying and solving concerns.
- The service was offered on a membership basis or a private, fee paying basis to adults and children.
- The culture of the service encouraged candour, openness and honesty.

There were areas where the provider could make improvements and should:

- Review and implement the new policy on checking patient identification.
- Review training reception staff in the recognition of signs and symptoms suggestive of sepsis.
- Review the implementation of an audit in to the prescribing of antibiotics in the practice.
- Review the process for recording a review date on to written policies and procedures.

# The Mews Practice

## Detailed findings

### Background to this inspection

The Mews Practice is a private general medical practice service based in Guildford in Surrey. The registered provider is The Mews Practice Limited.

The address of the service is:

The Mews

Elmdon House

116 London Road

Guildford

Surrey

GU1 1TN

The service was run from a suite of rooms on ground and first floor of the building which was leased by the provider.

The service provides a range of GP services including consultations, child and adult immunisations, cervical screening, travel vaccinations, ear syringing, well man and well women screening and advice, sexual health advice and testing, home visits and driver medicals. The practice was in the process of setting up a weight loss (slimming clinic) service. The service had also employed a nutritionist and provided nutritional and other regenerative therapies that did not come under CQC's regulatory remit. Further information about the practice can be found on their website [www.themewspractice.com](http://www.themewspractice.com)

The surgery runs a seven-day service. The opening times are 8 am to 8pm Monday to Friday, 9am to 5pm Saturdays and 9am to 1pm on Sundays. If care is required outside surgery hours an answerphone message directs patients to the NHS 111 service.

The service team consisted of five GPs (two male, three female) who all work part time in the NHS as well as at the

Mews Practice. The practice works in partnership with four clinicians who are specialists in their fields (two male, two female), a nutritionist, and two health care assistants. The clinicians are supported by a practice manager who is also the director and business and finance manager and a small team of administrative staff.

The practice was in the process of registering a new registered manager with CQC at the time of the inspection.

The Mews Practice is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; surgical procedures; treatment of disease, disorder or injury.

They practice in the process of registering with CQC to provide a weight loss service.

The inspection on 4 September 2018 was led by a CQC inspector who was accompanied by a GP specialist advisor.

During our visit we:

- Spoke with a range of staff, including two GPs, the practice manager and three administrative staff, two of whom were also health care assistants.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed documents relating to the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

# Detailed findings

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

### Safety systems and processes

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

The practice saw children under 18 and 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. Learning from safeguarding incidents was available to staff. Staff who acted as chaperones were trained for their role. It was the practice's policy that all staff received a Disclosure and Barring Service (DBS) check and we saw evidence of that. (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 had a register for vulnerable patients, but at the time of our inspection did not have any patients on it.

The practice ensured that they received emailed or written consent from the parents or guardians of children before they would see children accompanied by anyone else. We saw examples of consent that included the parents' names that of the child and of the accompanying adult. If vaccinations were given to children they would be recorded in the child's 'red book' (a child's personal record of immunisations and health checks retained by the parent or guardian). Adults were asked where possible to provide copies of their NHS GP medical records and with the patient's consent, the practice would liaise with their GPs. The practice asked patients to fill in a comprehensive registration form which included questions about whether patients were registered with social services. Patients were not routinely asked for proof of identity on registering with the practice, however immediately after the inspection the practice carried out a risk review and produced a policy on checking patient's identification which we have seen.

The practice was aware of the risk that some patients may try to access hypnotic or potentially addictive medicines through independent healthcare providers and we saw an example of a recent record where such a request from a new patient had been declined.

Staff were aware of how to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect and described the steps that they would take should they encounter such issues.

The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. We saw that registered clinical staff were up to date with their professional revalidations and the service checked annually to assure themselves that professional registrations were current.

There was an effective system to manage infection prevention and control. We saw that one of the clinical staff members was the infection control lead and all staff had received infection control training. There were arrangements for managing healthcare waste and clinical specimens that kept people safe.

The practice had arrangements to ensure that facilities and equipment were safe and in good working order. We saw that equipment was calibrated and tested on an annual basis.

The practice had carried out a series of risk assessments such as a fire risk assessment and general health and safety and premises risk assessment in conjunction with an external organisation. There was one action required and they had acted upon it. They had also carried out a Legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice carried out regular fire alarm checks and fire evacuation drills. All staff had received fire safety training and there were designated (and trained) fire wardens.

### Risks to patients

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

Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.

There was an effective induction system for all staff tailored to their role. Staff received safety information for the practice as part of their induction and refresher training.

Staff understood their responsibilities to manage emergencies on the premises and to recognise those in

# Are services safe?

need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Although reception staff had not received specific training in recognising the warning signs of sepsis, there was a lot of information on sepsis readily available in the practice and they were aware of the signs and symptoms suggestive of an acutely unwell patient and when to alert a GP. All staff received annual basic life support training and there were emergency medicines readily available. These were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines were checked monthly, were in date and stored securely. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The defibrillator pads, battery and the oxygen were all in date and the oxygen cylinder was full. A first aid kit and accident book were available.

All clinicians were current members of professional indemnity schemes.

## Information to deliver safe care and treatment

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

Records were written and managed in a way that kept patients safe. Records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. 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 and referral letters included all of the necessary information.

## Safe and appropriate use of medicines

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

The systems for managing and storing medicines, including supplied medicines, vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. Clinicians prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current local and national guidance. The practice had not yet audited their antimicrobial prescribing but told us that they were intending to do so.

Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

The practice dispensed a limited selection of medicines and arrangements for dispensing medicines at the practice kept patients safe.

## 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 that led to safety improvements. There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA). We saw three recent examples of MHRA alerts that had been received and acted upon. The practice monitored and reviewed safety using information from a range of sources.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There were adequate systems for reviewing and investigating when things went wrong. We saw that significant events were a standing agenda item at practice meetings and the reasons for recording and learning from significant events were discussed at a practice awayday. The practice would leave issues open for further review at subsequent meetings until resolved and closed. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw that there had been 30 significant events recorded, discussed and learnt from in the last year. For example, a GP noted that a blood result had been assigned to the incorrect patient record. The issue was discussed, learning shared and a new system implemented to prevent a recurrence of the issue.

The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider

## Are services safe?

encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. They kept written records in patient notes of verbal interactions as well as written correspondence.



# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

### **Effective needs assessment, care and treatment**

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Patients' needs were assessed and options for management of their condition discussed. We saw no evidence of discrimination when making care and treatment decisions and

patients were advised what to do if their condition got worse and where to seek further help and support.

### **Monitoring care and treatment**

The provider had initiated quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. The practice had a structured system of audit with a record of the audit, when it was last carried out and when it was next due. They covered a range of clinical and non-clinical areas. The practice had carried out eight full cycle audits in response to national guidelines. For example, an audit on the use of a referral directory for referrals showed an improvement in use of the directory from 70% to 95% between the first and second cycles. A communications audit looking at the completion of tasks requested on the computer system showed a 98% completion rate. They had also carried out an audit of the prescribing of controlled drugs within the practice.

We also saw that as the number of patient members (patients who paid a monthly fee to access services at the practice) grew, they had a plan to invest in software that streamlined the auditing process.

### **Effective staffing**

The service had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching, mentoring and clinical supervision. Up to date records of skills, qualifications and training were maintained on a template that clearly showed when staff needed to update a specific subject. Two GPs were responsible for most of clinical supervision of clinical staff although all GPs would supervise the health care assistants when they were at the practice. The practice had made it a condition of working there that GPs had to be currently on the NHS performers' list and working in an NHS practice in addition to The Mews Surgery. All staff had received an appraisal within the last 12 months.

Staff training included: safeguarding, fire safety awareness, basic life support, information governance and infection control. Staff had access to and made use of e-learning training modules, in-house training and external training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources. The practice understood the learning needs of staff and provided protected time and training to meet them.

There was a clear approach for supporting and managing staff when their performance was poor or variable.

### **Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included medical records and investigation and test results. When information was received into the service it was always reviewed by a GP and then scanned onto the patient's records. Where patients had given consent, the clinician wrote to the patients' NHS GP to inform them of any blood or other test results, readings or treatment the patient had received. If the patients gave consent the practice were keen to work with a patient's GP and when they registered with them and they encouraged them to remain registered with an NHS GP.

Referrals to secondary care were made in a timely manner and the patient was always given the option of a referral in to either private or NHS services. This included urgent referral under the two-week rule for possible cancer diagnoses.

### **Supporting patients to live healthier lives**

The provider promoted healthy living and gave advice opportunistically or when requested by a patient about



# Are services effective?

(for example, treatment is effective)

how to live healthier lives. Where appropriate staff encouraged and supported patients to be involved in monitoring and managing their own health. Patients who registered on the membership scheme were encouraged to have an annual health check which was free from further charge.

## **Consent to care and treatment**

The practice obtained consent to care and treatment in line with legislation and guidance although a small change in wording in their consent forms was required to bring them in line with the latest changes. Clinicians understood the

requirements of legislation and guidance when considering consent and decision making. Clinicians supported patients to make decisions. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and recorded the outcome of the assessment.

# Are services caring?

## Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

During our inspection we observed that all members of staff were professional, courteous and very helpful to patients, treating them with dignity and respect. Patients were treated with kindness and helped to feel relaxed. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed and background television information screens were played in the waiting areas to provide information and to ensure that during consultations, conversations taking place could not be overheard.

Staff understood patient's personal, cultural, social and religious needs and gave patients appropriate support and information.

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. Chaperones were available on request and patients could be booked in with a female GP if they wished.

Forty people provided feedback about the service via comment cards all of which was positive about the standard of care they received. The service was frequently described as excellent and staff were described as

professional and caring. Patients felt that they were treated with dignity and respect, were involved in their own care and were listened to and received clear explanations of their options. We also looked at a random sample of feedback cards that the practice encouraged patients to fill in and all were very positive about the service.

Five out of five online Google reviews were all rated five stars (out of five) as were four out of four Facebook reviews.

### **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.)

Feedback from patients via comment cards emphasised the high degree of involvement in decision making and explanation of their care that patients received.

The service ensured that patients were provided with all the information, including costs, they required to make decisions about their treatment prior to treatment commencing.

### **Privacy and Dignity**

The practice respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and the practice complied with the Data Protection Act 1998. If a patient wished to discuss an issue in private, reception staff offered them a private room to discuss their needs. The practice was almost paperless, all confidential information was stored securely on computers. Any documents retained as hard copies were locked in cupboards.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

### 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. For example, the practice was open seven days a week and appointments could be booked by email, face to face or over the telephone. The facilities and premises were appropriate for the services delivered and the practice made reasonable adjustments when patients found it hard to access services. For example, the practice had consulting rooms on the ground floor, services were accessible to wheelchair users and there were accessible and baby change facilities available.

Staff encouraged patients who did not have English as a first language to ask someone who could speak English to accompany them to the consultation but could arrange translation services if required. There was a hearing loop available in the reception area.

### Timely access to the service

Patients were able to access care and treatment from the service 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. Appointments could be made over the telephone or face to face.

The practice were open seven days a week, each appointment was a minimum of 20 minutes, but longer appointments were available if required. The practice offered the same services whichever day of the week the appointment was made for.

### 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 from the staff, in the practice leaflet and via the website and 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 acted as a result to improve the quality of care. Five complaints were received in the last year and was satisfactorily handled in accordance with their policy.

The practice was pro-active in resolving patient concerns promptly and we saw examples of concerns that were satisfactorily resolved before they became complaints recorded in the records.

For example, we saw an incidence where a patient was concerned that their appointment was late. We saw that the practice had apologised and responded appropriately to resolve the issue. We also saw that the subject had been brought up, discussed and minuted at a practice meeting and action taken to avoid recurrence of the issue.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

### **Leadership capacity and capability;**

Leaders had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and addressed them. Leaders at all levels were visible and approachable.

### **Vision and strategy**

The provider had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. A poster describing the mission, values and objectives of the practice was displayed at reception. Staff had been involved in devising the mission, values and objectives at one of the team away days and understood the vision, values and strategy and their role in achieving them. The provider had a realistic strategy and supporting business plans to achieve priorities. We saw clear examples of how the practice was achieving their objectives. We also saw plans that were underway for future expansion of the practice premises and staffing.

### **Culture**

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

The culture of the service actively encouraged candour, openness and honesty. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour and promoted a no blame policy. The practice focused on the needs of patients and we saw that 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.

We saw that the practice held daily informal administration and receptionist handover meetings, weekly administration meetings, weekly minuted GP meetings and monthly minuted meetings involving all staff. All communications containing changes to processes or other operational information had to be signed by the recipient to show that it had been read.

Staff stated they felt respected, supported and valued. They told us they could raise concerns and were encouraged to

do so and had confidence that these would be addressed. We saw that staff members were given areas of responsibility within the practice that they took pride in and delivered to a high standard. There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. We saw that all staff had received an appraisal in the last 12 months. Appraisals took place in a venue away from the work environment to make the event more relaxed and productive. 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. We saw that the practice went on training awaydays often followed by a social event as well as stand-alone social events. It was practice policy not to leave staff alone in the practice. There was an emergency buzzer in every room and a flashing emergency light at reception.

The practice had received an Investment in People gold award for employer of the year in 2017 which they had been nominated for by a staff member.

The practice promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally. There were positive relationships between staff and management.

### **Governance arrangements**

There were clear responsibilities, roles and systems of accountability to support good governance and management. The structures, policies, processes and systems were clearly set out. Staff understood them and they were working effectively. 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. Policies and procedures were easily accessible to staff on the computer system and each had a clear date when they were introduced. There was an understanding amongst staff that they would be reviewed annually, but this was not always recorded on to the document.

### **Managing risks, issues and performance**

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

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

process to identify, understand, monitor and address current and future risks including risks to patient safety. The management team had oversight of safety alerts, incidents, and complaints. Clinical audit had a positive impact on quality of care and outcomes for patients. The practice had trained staff for major incidents and had a specific written business continuity plan.

The practice had carried out a number of risk assessments and we saw that dates for annual reviews were flagged in the computer diary. For example, a hand hygiene audit was booked in again for 9 September 2019.

We also saw that annual equipment checks were flagged in the diary for the following year as soon as they were completed. For example, an annual maintenance check of fridges was logged in for 19 August 2019 with a reminder in the diary on 22 July 2019.

## **Appropriate and accurate information**

The practice acted on appropriate and accurate information. Practice meetings were held monthly where issues such as safeguarding, significant events and complaints were discussed as well as quality and sustainability. Weekly meetings of staff were also held at which current issues or concerns could be discussed including initial responses to appropriate significant events. There were also weekly clinical meetings held by the GPs. Staff that were unable to attend meetings (including GPs) signed the minutes to show that they had read them. Quality and operational information was used to ensure and improve performance and the performance information was combined with the views of patients. The information used to monitor performance and the delivery of quality care was accurate and useful and any identified weaknesses were addressed. Outcomes and learning from the meetings were recorded and cascaded to staff.

There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. We saw that passwords and user names were changed regularly.

The practice submitted data or notifications to external organisations as required.

## **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' and staff views and concerns were encouraged, heard and acted on to shape services and culture. We saw that the practice had approached several patients about starting a patient participation group and they were due to commence one shortly. Patients were also encouraged to fill in feedback forms. Staff told us that they were encouraged to put forward ideas for improvements in procedures, they were often trialled by staff and if successful, implemented. For example, the staff contributed their ideas for the practice values and these were included. The staff were asked to write standard operating procedures down as they would carry them out. They would then be trialled by the GPs to see if they were clear and easy to follow and adopted if they were. New staff were asked to read through policies which had been simplified to make them understandable and asked to point out areas that were unclear or could be improved. We noted that practice meetings had an agenda item headed staff achievements and included recent training that had been completed.

The practice worked with external providers. Following an issue with the laboratory they used, the practice worked with the laboratory to resolve the issue and improve the service.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation. There was a focus on continuous learning and improvement at all levels within the practice. The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.