

# Southern Independent Medical Practice Ltd

## SIMP

### Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 20 November 2017 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.

### **Background**

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 independent consulting doctors service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Southern Independent Medical Practice (SIMP) is a private GP practice based in Salisbury, a city in the county of Wiltshire. The practice has occupied its current facility since 1994 and is arranged over two floors. There are GP consulting and nurse treatment rooms on both floors, and a patient waiting room on the ground floor. The practice has member patients from a wide geographical area (member patients pay a monthly or annual subscription for medical care). The practice age distribution is broadly in line with the national average, with most patients being of working age or older.

There are six GPs who are part of the practice team. Two practice nurses and one medical secretary undertake a range of additional roles. For instance, the nurses took on a wide range of roles in the practice, such as providing reception support, whilst the medical secretary also provides reception support. The practice team is completed by a practice manager and two dedicated receptionists. The majority of services are provided by a lead GP, with the other GPs working on a part-time basis.

# Summary of findings

SIMP is open from 8am to 6pm, Monday to Friday, and the practice will take calls during these times. Routine GP appointments are generally available from 8am to 6pm, Monday to Friday, and can be booked up to one year in advance.

The Nominated Individual is the registered manager. 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.

46 people provided feedback about the service. We spoke to two patients during our inspection. Patients told us that care was 'excellent', and that they felt involved in decision-making about the care and treatment they received. They told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. All of the 44 CQC comment cards we received were overwhelmingly positive and aligned with these views.

## Our key findings were:

- Member patients found it easy to access appointments with a GP or nurse.
- The practice offered out-of-hours appointments if required.
- A GP was available to take telephone calls at evenings and at weekends.
- The practice offered children's vaccination appointments.
- The practice held a register of its most vulnerable patients which was updated and monitored daily. Appointments were prioritised as appropriate.
- The practice produced a newsletter which was distributed to over 4000 patients. As well as patient feedback, the newsletter covered clinical topics of interest and the practice position on medical topics.

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

- Review cleaning schedule arrangements, and put in place an annual infection control audit.
- Review processes for disposing of medicines stock.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

We found areas where improvements should be made relating to the safe provision of treatment. This was because:

- Some of the medicines stocks which were not in use were out-of-date.
- The practice did not have a formal infection prevention and control audit for cleaning the premises.

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### **Are services effective?**

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

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### **Are services caring?**

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

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### **Are services responsive to people's needs?**

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

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

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

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# SIMP

## Detailed findings

### Background to this inspection

We carried out an announced visit to SIMP on 20 November 2017. Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a CQC clinical fellow.

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of staff including: two GPs, two nurses, two health care assistants, three administrative staff, and six patients who used the service;
- Observed how patients were being cared for and talked with carers and family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients;

- Reviewed 44 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a range of policies, procedures and management information held by the practice.

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

- Is it safe?
- 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

### Safety systems and processes

- We reviewed three personnel files, and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Reception staff did not have a DBS check but the practice had conducted a risk assessment to demonstrate this was appropriate. There were appropriate arrangements in place for indemnity insurance for all clinical staff.
- A notice at the reception desk and in all the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The practice was visibly clean and tidy. There was a system to manage infection prevention and control. We spoke to the practice manager and although we saw documentary evidence of daily cleaning checks, the practice did not have a formal infection prevention and control audit for cleaning the premises.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections i.e. 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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice had difficulties receiving discharge summaries, due to the local acute hospital's IT system. When we spoke to the practice, we saw they were attempting to address this.
- 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 medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice kept prescription stationery securely and monitored its use. All medicines for day-to-day use were in date. However, some of the medicines stocks were out-of-date. When we spoke to the practice they told us the out-of-date items were no longer needed and were being held prior to disposal.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

# Are services safe?

The practice had a good safety record.

- 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.

## **Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. 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.

- There was a system for receiving and acting on safety alerts. The practice 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 encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

# Are services effective?

(for example, treatment is effective)

## Our findings

### 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 received a full assessment of their needs. 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.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice undertook regular clinical audits to monitor the quality of care at the practice. We reviewed two cycles of a clinical audit where actions had been implemented and improvements monitored. For example, an audit of patients with abnormally high blood pressure (hypertension) was undertaken to ensure that they had their blood pressure regularly (at least every six months) reviewed. The audit (undertaken in March 2017) found that of 51 patients with the condition, 17 were not due for a review, and 31 had received communication concerning a review. The practice reviewed and updated procedures to continue to ensure best practice. A re-audit in October 2017 showed that all 17 of the patients who were due a review were either sent communication or had received an appointment.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation 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.

- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice could demonstrate how they ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice had links with local NHS GP practices, and patients received co-ordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. When we spoke to the practice, they told us that issues with the local hospital's IT systems sometimes made communication difficult. In response, the practice's own IT system was currently being adjusted to bring it more in line with NHS systems, and better co-ordinate patient care.
- 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- 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 health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

## **Consent to care and treatment**

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

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



# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely 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.
- All of the 44 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. This is in line with the views of two patients we spoke to on the day of inspection, and other feedback received by the practice.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

Staff told us interpreting and translation services could be made available for patients who did not have English as a

first language. Practice leaflets could be made available in large print and Easy Read format, which makes information easier to access for patients with learning disabilities or visual impairments.

- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice supports recently bereaved patients. For example, staff told us that if families had experienced bereavement, their usual GP contacted them within two weeks and sent a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.
- The practice identified patients who were carers, and supported them by offering flexible appointment times and providing the option of telephone prescriptions.

### Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### 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 offered a 24-hour GP helpline, appointments pre-bookable up to one year in advance, and advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited availability of local public transport.
- 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.
- The practice is an authorised international SOS centre, as part of the TRICARE overseas program. The program is a department of defence healthcare program for active duty US service members, retirees and their families.
- The practice offers a range of children's vaccinations
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered wellbeing health checks, which included tests for cholesterol, diabetes and lung function.
- The practice offered travel and occupational vaccinations.
- The practice was approved by the Driving and Vehicle Licensing Agency, to assess patient's fitness to drive.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal hours.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had arrangements in place for home delivery of medication.
- The practice held a register of its most vulnerable patients which was updated and monitored daily. Appointments were prioritised as appropriate.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

### Timely access to the service

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

- The practice felt that patients sometimes experienced access delays to initial assessment, test results, diagnosis and treatment. When we spoke to the practice, they informed us that this was due to the local acute hospital's electronic reporting system not linking to the practice's electronic system. The practice is currently working on a system to facilitate faster access.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us 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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed both complaints and found that they were satisfactorily handled in a timely way.
- 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. For example, a patient's relative was accidentally scratched by a needle whilst the clinician was attempting to vaccinate a patient. The practice spoke to the patient,

# Are services responsive to people's needs?

(for example, to feedback?)

changes were made to the practice vaccination processes and a review of needle stick injury protocols

was undertaken. In addition, the practice complaints procedure was updated with new signs available in the waiting room and a written guide for patients available at reception.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

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

- Leaders had the experience, capacity and skills to deliver the strategy and address risks to it.
- They 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 provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. It had a realistic strategy and supporting business plans to achieve priorities.
- The provider developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The provider focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, a patient believed they were not being listened to by the GPs and was unhappy with the care received. The incident was discussed and this was followed by a written response to the patient, and a face-to-face meeting. Following this meeting, the issues

were resolved to the patient's satisfaction. The provider emphasised to staff the importance of checking with patients regarding their understanding of care received and ensuring that it met their needs.

- 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 needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. We spoke to staff who told us they were supported to meet the requirements of professional revalidation where necessary.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management, including the monitoring of patient outcomes.

- 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 interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### 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.
- The provider had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.

# Are services well-led?

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

- We saw documentary evidence that the practice had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

The provider 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. For example, through formal clinical meetings.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The provider submitted data or notifications to external organisations as required.
- There were arrangements 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. The practice produced a newsletter which was distributed to over 4000 patients. As well as patient feedback, the newsletter covered clinical topics of interest and the practice position on medical topics.

The service was transparent, collaborative and open with stakeholders about performance.

## **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. For example, through regular staff meetings and review meetings for patients with long term conditions such as asthma.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews. 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.