

SIMP

Inspection report

Tel: 01722 415444
www.independentdoctors.co.uk






Date of inspection visit: 1 May to 1 May 2019
Date of publication: 05/07/2019

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?	Outstanding 

Overall summary

This practice is rated as Good overall. (Previous inspection 20 November 2017 – Not rated)

The key questions are rated as:

Are practices safe? – Good

Are practices effective? – Good

Are practices caring? – Good

Are practices responsive? – Good

Are practices well-led? – Outstanding

We assessed **Well-led** care as **Outstanding** because the leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. The service invests in innovative and best practice processes and systems. For example, the practice offered individual extended opportunities to test for bowel cancer; and will shortly be introducing a new service for cardiovascular screening for young athletes prior to sports competitions. The service sought ways to increasingly respond to the needs of its population.

We carried out an announced comprehensive inspection at SIMP on 1 May 2019, as part of our inspection programme.

SIMP (Southern Independent Medical Practice) is a private GP practice based in Salisbury, Wiltshire. Patients can register to see one of five GPs and one practice nurse.

This practice 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 general exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At SIMP, services are provided to patients under arrangements made by a government department with whom the practice user holds a policy (other than a standard health insurance policy. These types of arrangements are exempt by law from CQC regulation). Therefore, at SIMP, we were only able to inspect the services which are not arranged for patients by a government department. The Nominated

Individual is the Registered Manager. A registered manager is a person who is registered with the Care Quality Commission to manage the practice. 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 practice is run.

Eighty-five patients provided written feedback about the practice, via CQC Comments Cards. We also spoke to two patients during our inspection. All patients commented on the high standard of care provided by clinical staff (the majority described care as either 'excellent' or 'outstanding'), as well as the kindness and courtesy offered by reception staff. All patients said 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.

Our other key findings were:

- Member patients found it easy to access appointments with a GP or nurse, and were offered unlimited 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 and promoted awareness of vaccinations through its social media outlets.
- The practice held a register of its most vulnerable patients which was updated and monitored daily. Appointments were prioritised as appropriate.
- The practice distributed a newsletter to over 5000 patients. As well as patient feedback, the newsletter covered clinical topics of interest and the practice position on medical topics such as cancer screenings.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Practices and Integrated Care

Our inspection team

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

Background to SIMP

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 practice 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; and they pay a monthly or annual subscription for medical care. The practice age distribution is broadly in line with the national average, with most patients aged 70 or older.

The clinical team is comprised of five GPs (three male, two female) and a practice nurse. A number of staff perform dual roles. For example, the practice nurse, a medical secretary, an administrator, a secretary and a medical secretary also provide reception support. The practice team is completed by a dedicated receptionist and a dedicated administrator. The majority of services are provided by a lead GP, with the other GPs working on a part-time basis.

SIMP is open from 8.30am to 6pm, Monday to Friday, and the practice will take calls during these times. Routine GP appointments are generally available from 8.30am to 6pm, Monday to Friday, and can be booked up to one year in advance.

Are services safe?

We rated safe as Good because:

- There were clear systems to keep people safe and safeguarded from abuse.
- Systems assessed, monitored and managed risks to patient safety.
- Staff had the information they needed to deliver safe care and treatment to patients.
- There were reliable systems for appropriate and safe handling of medicines.
- The practice had a good safety record.
- The practice learned and made improvements when things went wrong.

Safety systems and processes

- We reviewed three personnel files, and found appropriate recruitment checks had been undertaken prior to employment of staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Practice. (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). 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 DBS check.
- The practice conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the practice as part of their induction and refresher training. The practice had 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.

- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had systems in place to assure that an adult accompanying a child had parental authority.
- The practice was visibly clean and tidy. There was a system to manage infection prevention and the practice had 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.
- There was an effective system to manage infection prevention and control. We saw the practice had an identified infection prevention and control lead to give oversight to ensure standards were met and maintained. The practice had a legionella risk assessment undertaken in April 2019 and was monitoring water temperatures.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The practice carried out appropriate environmental risk assessments, which took into account the profile of people using the practice and those who may be accompanying them.

Risks to patients

- 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 practices or staff the practice assessed and monitored the impact on safety.
- There was access to emergency equipment and medication, with appropriate risk assessments in place.

Information to deliver safe care and treatment

Are services safe?

- 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. We looked at documentary records and saw that there were no delays with discharge summaries.
- Referral letters included all of the necessary information.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The clinic used limited electronic systems and managed paper records appropriately.

Safe and appropriate use 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 we looked at were in date.
- 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 and test results were being used safely and followed up on appropriately. We saw evidence of a log of patient's results that identified when any testing had been completed and included details of the clinician completing the test, the date the test was sent, when it was received, the result and the follow up consultation with the patient. Information was passed to the patients' GP to ensure they were aware of any medicines prescribed.
- Records we saw showed the prescribing of medicines was in line with current guidelines.
- The practice involved patients in regular reviews of their medicines.

Track record on safety and incidents

- The practice had effective systems in place to maintain a complete safety record.
- There was a fire risk assessment in place.

- The clinic had carried out regular fire alarm testing and had equipment including fire extinguishers and emergency lighting which was checked regularly.
- There was a legionella risk assessment in place and there was a system to monitor the water temperatures.
- There were appropriate systems in place for the security and back up of clinical records kept on the computer. The practice had systems in place for the safe storage of handwritten medical records.

Lessons learned and improvements made

- 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.
- Staff told us they would discuss any significant events. They told us of changes made because of an incident. For example, the same needle was reused by a GP, when administering a vaccination to two different patients. Practice staff contacted the parent of the patients, who was given an apology, and reassurance that no health concerns would result from the error. A clinical meeting was held to discuss the event, and a process change enacted. We saw the practice had two events recorded in the previous 12 months.
- There was a system for receiving and acting on safety alerts. This included alerts from the Medicines and Healthcare Products Regulatory Agency.
- The practice was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice 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.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. The practice had an effective mechanism in place to

Are services safe?

disseminate alerts to all members of the team including sessional and agency staff. Staff were able to identify patients from their systems who were prescribed a medicine affected by an alert.

Are services effective?

We rated effective as Good because:

- There were several examples where people have good outcomes because they receive effective care and treatment that meets their needs. There was a holistic approach to assessing, planning and delivering care and treatment to all people who use services. Staff, teams and services were committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services. We looked at documentary evidence of patients with complex physical, emotional and mental health difficulties. Due to the sustained interventions of practice staff over prolonged periods, patients' received correct treatment and experienced enhanced well-being. Staff also offered additional support and care.
- Clinicians were kept up to date with current evidence based practice.
- The practice was actively involved in quality improvement activity.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff worked together, and with other organisations, to deliver effective care and treatment.
- Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.
- The practice obtained consent to care and treatment in line with legislation and guidance.

Effective needs assessment, care and treatment

- The practice 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' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, member patients were entitled to an unlimited number of GP and nurse appointments.
- Staff assessed and managed patients' pain where appropriate.

- The practice used technology and/or equipment to improve treatment and to support patients' independence. For example, an Out of Hours GP telephone advice line and telephone consultations for member patients.

Monitoring care and treatment

- The practice used information about care and treatment to make improvements: through, for example, the use of completed audits. Clinical auditing had a positive impact on quality of care and outcomes for patients.
- The practice held a register of all audits carried out which included timescales for further re-audit. These included audits of patients at risk of diabetes, and an audit of patients with raised blood pressure. There was a clear plan in place for quality monitoring and improvement.

Effective staffing

- All staff were appropriately qualified. The practice had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ or Nursing and Midwifery Council, and were up to date with revalidation
- 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. All staff we spoke with told us they were not seeking further opportunities to develop, because their current roles matched their aspirations and afforded a desired 'work-life balance.'
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.
- 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.

Are services effective?

Coordinating patient care and information sharing

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other practices when appropriate. For example, when a patient required a hospital stay, the practice liaised with their local GP provider.
- The practice worked in a timely manner and communicated effectively with other agencies to facilitate patient care. For example, conducting non-standard tests for US Visa requirements and travel abroad, and conducting Driving Vehicle Licensing Association (DVLA) medicals.
- Before providing treatment, doctors at the practice ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the practice.
- The practice had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional practices), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other practices.
- We viewed records of some patients who used the practice. The clinic had a system in place to record the patients regular GP to ensure that, where consent was gained, they could share information with them if necessary.

- The practice had links with local NHS GP practices, and patients received co-ordinated and person-centred care. This included when they moved between practices, 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 had sometimes made communication difficult. In response, the practice's own IT system was 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

- Where appropriate, staff gave people advice so they could self-care.
- Where patients' needs could not be met by the practice, staff redirected them to the appropriate practice for their needs. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice identified patients who may be in need of extra support such as through alerts on the computer system.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

- 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?

We rated caring as Good because:

- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- We were assured that staff treated patients with kindness and respect and maintained patient and information confidentiality. The practice could evidence patient feedback from surveys undertaken and compliments received. All the surveys we saw and comments cards we received, reported positive experiences and outcomes.
- The practice respected patient's dignity and privacy.

Kindness, respect and compassion

- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The practice gave patients timely support and information.
- All of the 85 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

- Interpretation services could be made available for patients who did not have English as a first language.
- Patients told us through comment cards, that 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.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand. For example, communication aids such as a hearing loop were available.

Privacy and Dignity

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

Are services responsive to people's needs?

We rated responsive as Good because:

- The practice met patients' needs and took account of their needs and preferences.
- Patients were able to access care and treatment from the practice within an appropriate timescale for their needs.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Responding to and meeting people's needs

- The practice understood the needs of their patients and improved the service in response to those needs. For example, offering 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 practices delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use practices on an equal basis to others. This included making physical adaptations to the premises such as a portable ramp for patients who used wheelchairs, and providing a portable hearing loop.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other practices.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. A 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.
- The practice had a high priority database of its most vulnerable patients. The database was monitored daily and these patients' appointment requests prioritised.
- 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 United States (US) department of defence healthcare program for active duty US practice 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 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.
- In March 2019, SIMP offered a new, more accurate test to detect bowel cancer, and was the first GP practice in the UK to offer the test.

Timely access to the practice

- 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.
- Referrals and transfers to other practices were undertaken in a timely way. For example, most patients were registered jointly with a local NHS GP practice; and the practice worked with the local clinical commissioning group (CCG), to allow timely referrals.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The practice informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. The practice had not received any complaints in the last year.

Are services responsive to people's needs?

- The practice had a complaints policy and procedures in place.

Are services well-led?

We rated well-led as Outstanding because:

- The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.
- Leaders had an inspiring shared purpose, and strived to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff, and a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce. Staff we spoke with told us they were proud of the organisation as a place to work and spoke highly of the culture.
- Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.
- There was a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- The practice had a culture of high-quality sustainable care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were clear and effective processes for managing risks, issues and performance.
- The practice acted on appropriate and accurate information.
- The practice involved patients, the public, staff and external partners to support high-quality sustainable practices.
- There were systems and processes for learning, continuous improvement and innovation.

Leadership capacity and capability;

- Leaders were knowledgeable about issues and priorities relating to the quality and future of practices. They understood the challenges and were addressing them. For example, the practice is currently changing its IT system, to make it more compatible with NHS IT systems.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. All members of staff we spoke with told us they supported the practice vision to bring outstanding and affordable care to patients.
- The practice monitored progress against delivery of the strategy.

Culture

- Staff informed us that they felt respected, supported and valued. They were proud to work for the practice, and felt that they worked well together as a team. In preparation for the CQC inspection the practice had included all staff in preparations including inputting their views into the pre-inspection presentation.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

Governance arrangements

- 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 practices promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, this included clinical governance, medicines management and financial probity.

Managing risks, issues and performance

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practices to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

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

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

- The practice encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape practices and culture. For example, patients could give feedback via a number of routes, including surveys, practice specific questionnaires, and general comments and complaints.
- Staff could describe to us the systems in place to give feedback, for example through formal appraisals and staff meetings. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The practice was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement. For example:
- The practice was the first in the country to offer extended opportunities to test for bowel cancer that are faster and more accurate than previous ones. Fifty kits had been issued and sent for analysis, with three tests leading to rapid referrals.
- The practice are engaged in an initiative to screen athletes aged 12 years and above, to combat high incidences of sudden cardiac death.
- 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.
- There were systems to support improvement and innovation work. These included the development of internal standards and care pathways, clinical audits, and reviews of patient feedback.