

Medical Prime Ltd

# Medical Prime at Cannon Street

## Inspection report

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Date of inspection visit: 16 October 2018  
Date of publication: 17/12/2018

### Overall summary

We carried out an announced comprehensive inspection on 16 October 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.

Medical Prime at Cannon Street is a private GP practice which is provided by a sole female practitioner.

The sole practitioner 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.

Four people provided feedback about the service via CQC comment cards, all of which were positive about the GP and the services provided.

#### **Our key findings were:**

- The practice 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.

# Summary of findings

- The practice was appropriately equipped to deal with medical emergencies.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients commented via CQC comment cards they found it easy to book an appointment and reported the practice was responsive to their needs.
- There was a clear vision and strategy, along with a strong governance framework in place which included all key policies and guidance.

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

- Review improvement activity to ensure 2-cycle clinical audits are carried out as planned.
- Review the availability of information regarding services in languages other than English, together with, visual aids and easy read materials.
- Review on an ongoing basis the need for a policy asking adults accompanying a child patient to provide proof of parental authority.

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

# Medical Prime at Cannon Street

## Detailed findings

### Background to this inspection

Medical Prime at Cannon Street is an independent GP service which has been operating since April 2018 from registered premises at 1st Floor, 123 Cannon Street, London, EC4N 5AX. The service operates from one consulting room within a dental practice. The practice is accessible by a lift. It is registered by the Care Quality Commission to provide the regulated activities Diagnostic and screening procedures, Treatment of disease, disorder or injury and Maternity and midwifery services. The practice has good transport links with regular buses and local tube stations.

The service provides pre-bookable and walk-in private GP appointments for adults and children. The sole practitioner has a special interest and enhanced qualifications in women's health and menopause care. On the day of the inspection the provider informed us that to date it had seen approximately 50 female patients since opening in April 2018, all of which were over the age of 40 and in relation to women's health and menopause care.

The service is managed by the sole GP practitioner and a non-clinical partner. Appointment bookings can be made online or by calling the service's telephone number which is staffed by 'virtual assistants' who work remotely from the practice. Upon arrival to the practice patients are greeted by the dental administrative staff who inform the GP of the patient's attendance.

The service is available on Monday and Wednesday from 10am - 4pm and Thursday and Friday from 9am -12 pm.

Weekend and evening appointments are also available upon request. Standard GP appointments are 20 minutes long and initial menopause care appointments are 60 minutes long; all follow up appointments are 20 minutes long.

We inspected Medical Prime at Cannon Street on 16 October 2018. Our inspection team was led by a CQC lead inspector. The team also included a GP specialist adviser and a second CQC inspector.

We gathered and reviewed pre-inspection information before inspecting the service. On the day of the inspection we spoke with the sole GP practitioner and the dental practice's practice manager was also available to provide information on facilities, equipment and policies that were shared between the two providers. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses and patient feedback.

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

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

- The GP was the designated safeguarding lead for the service. The provider had safeguarding policies, protocols and 24-hour contact details for the local statutory safeguarding team. Information was available on how to contact statutory agencies for further guidance if they had concerns about a patient's welfare. The GP understood their responsibilities and had received safeguarding training relevant to their role, for example they were trained to safeguarding children level 3, and in safeguarding vulnerable adults. The provider had not had reason to raise a safeguarding alert and we were told the service rarely saw patients who might be vulnerable due to their circumstances, for example patients with dementia.
- The provider had recruitment procedures to ensure staff were suitable for the role and to protect the public. The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We looked at staff recruitment files for the GP and non-clinical partner, the virtual assistants and a temporary voluntary worker, and saw appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications and registration with the appropriate professional body. The provider's policy was to request Disclosure and Barring Service (DBS) checks for all staff working in the service. 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 provider maintained evidence of appropriate indemnity insurance and staff members' immunisation status.
- The practice told us that it had not seen a child patient to date and it did not have any documented system in place to assure that an adult accompanying a child had parental authority. Immediately after the inspection the practice carried out a risk assessment to assess the need for a policy asking adults accompanying a child to provide proof of parental authority. The risk assessment outlined that the main service users are city workers

who are mostly interested in the menopause treatment services, and therefore the risk currently of not having such a policy was low. The practice told us it would re-visit this risk assessment if child patients started using the services. The practice also provided us with their new patient registration form which asked for the patient's date of birth, address, telephone number, email address and to confirm the information provided was accurate. We were told all new patients would need to sign the form which would be scanned in the patient's records.

- The practice information leaflet explained chaperone services were available on request; this information was also displayed in the reception area and consultation room. The practice manager for the dental practice acted as a chaperone and had received up to date chaperone training and a DBS check.
- There was an effective system to manage infection prevention and control. The premises were clean and tidy. The GP was the designated lead for infection prevention and control and we saw they had appropriate training for the role. The provider had infection prevention and control policies and protocols in place. The most recent infection prevention and control audit carried out in October 2018, had identified minor concerns and the provider had drawn up an action plan to address these. For example, the GP was to due update their hand hygiene training.
- We saw sharps bins in the consultation rooms were securely assembled and dated and were not over-filled. However, there was no sharps injury guidance on display in the consulting or treatment rooms to provide staff with quick access to information on the steps to be taken in the event of a sharps injury. Immediately after the inspection the practice provided us with evidence a sharps injury poster was now on display in the consulting room.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely and appropriately managing healthcare waste. The practice informed us the dental practice held the contract with a cleaning company who would clean the entire premise daily. However, we noted there was no cleaning log to confirm the cleaning had taken place.

# Are services safe?

Immediately after the inspection the practice told us they had implemented a joint policy with the dental practice which required the cleaning company to sign a cleaning log at the end of each day.

- The building management, including communal health and safety issues was the responsibility of the building landlord. The provider had considered relevant health and safety and fire safety legislation and had access to relevant risk assessments covering the premises in addition to its own practice policies, risk assessments and protocols. A risk assessment relating to legionella (a term for bacterium which can contaminate water systems in buildings) had also been carried out in respect of the whole building; which had identified a low risk of the bacterium.

## Risks to patients

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

- The GP understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. The provider told us patients coming to the practice would be first greeted by the dental practice's reception staff who would show them to the seating area. We enquired whether these staff were trained in identifying a deteriorating or acutely unwell patient in the waiting area, and we were told that they were not. Immediately after the inspection we were told that the GP had provided sepsis awareness training to all the dental practice reception staff.
- The provider had arrangements in place to respond to emergencies and major incidents, including a risk-assessed business continuity plan.
- The provider had emergency oxygen and a defibrillator, a nebuliser and pulse oximeters on the premises and associated pads, masks and tubing, together with a stock of medicines to treat patients in an emergency. We checked the stocks, which complied with good practice guidance. The equipment and medicines was monitored on a weekly basis. We saw all staff members had received annual basic life support training.
- The practice provided its services through a sole practitioner. There were no arrangements for annual leave or sick cover for the GP services. The provider told us that in the event they were unwell or away on leave

they would put an out of office message on their email explaining when they were due back and who to contact in an emergency. The virtual assistance would provide the same information if a patient was to call the practice's telephone number. The practice did not have male clinicians and this was made clear to all patients booking an appointment.

- There were appropriate indemnity arrangements in place to cover all potential liabilities, for example the premise was protected by public liability insurance and the GP had up to date medical indemnity insurance which covered the scope of their private practice.

## Information to deliver safe care and treatment

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

- 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.
- On the day of the inspection the service did not have systems in place for sharing information with other agencies to enable them to deliver safe care and treatment. For example, patient consent was not sought to share concerning information with the patient's NHS GP. We reviewed two examples of patients who were assessed to be at a potential risk of cancer. The provider had advised the patients to immediately see their NHS GP so that a 2-week referral could be arranged. However, this concerning information was not passed on by the practice to the NHS GP, as consent to share patient information had not been sought. Immediately after the inspection the practice sent us their new information sharing form which included consent for the provider to share information with the patient's NHS GP. We were told all new patients would need to sign this form prior to any consultation and this would now allow the practice to share concerning information with their NHS GPs.
- The service had a system in place to retain medical records in line with Department of Health and Social Care guidance.
- The GP made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

# Are services safe?

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The practice had a policy of not prescribing controlled drugs.
- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking the stock of emergency medicines and staff kept accurate records of this.
- The practice stocked and dispensed one type of medicine which was a hormone enhancement cream. The practice had a policy of only keeping three items of this medicine at the premises at one time. This medicine was secured in a locked cupboard accessible only to the GP.
- All private prescriptions were processed electronically and signed by the GP.

## Track record on safety

The service had a good safety record.

- The service was operating from rented premises and maintenance and facilities management was shared by the landlord and the tenant.
- We saw evidence the fire alarm warning system was regularly maintained by the landlord. A weekly fire alarm warning system test was undertaken and logged. Fire evacuation tests were carried out six monthly by the landlord. We saw fire procedure and evacuation guidance displayed in the waiting room.
- We saw various risk assessments had been undertaken for the building, including health and safety, Control of Substances Hazardous to Health (COSHH), Legionella and fire.
- Portable appliance testing (PAT) for the premises had been undertaken in January 2018 by the dental practice. Calibration of the medical equipment had been undertaken in February 2018 before the practice formerly opened in April 2018.

## Lessons learned and improvements made

The service learned from and made improvements when things went wrong.

- There was a system for recording and acting on significant events. The GP understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned from significant events and took action to improve safety in the service. The practice had recorded two significant events since April 2018. One of the events recorded was regarding a potential data breach, the practice investigated the matter, discussed lessons learned and put measures in place to avoid a recurrence.
- There were systems for receiving and acting on safety alerts. The GP was responsible for reviewing the relevance of alerts and logging them within the practice's safety alert spreadsheet. In the event that drugs alerts were received, records searches were carried out to check whether any patients were affected. If so, they were told they would be called in for review. We were shown a recent example of an MHRA alert advising on new temporary safety measures for Esmya (ulipristal acetate) following reports of serious liver injury in women using the medicine for uterine fibroids.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider had a policy on the Duty of Candour which encouraged a culture of openness and honesty. The provider had not received any complaints to date, however we saw in the above data protection example, the practice had apologised to the patient for the error and any inconvenience caused.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

- The GP had systems to keep themselves up to date with current evidence based practice. We saw evidence the GP assessed needs and delivered care and treatment in line with current legislation, standards and 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- The GP assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

The service was currently not actively involved in quality improvement activity through clinical audit but had some systems in place to monitor the effectiveness of their care and treatment.

- The service used information about care and treatment to make improvements. For example, in relation to menopause care the practice had created a symptom chart which the patient would be required to fill out prior to their initial consultation. The symptom chart asked the patient to confirm their symptoms and its severity on a scale from 0-5. Once the initial consultation and treatment had started for the patient they were requested to attend a follow up appointment where they would again fill out this chart. The provider told us that every patient to date had recorded their symptoms had improved. We looked at a small sample of these symptom charts, and saw there was an improvement in every case.
- The service informed us they were still in the very early stages of establishing their practice. With such few patients since their launch it would not be very effective to assess improvements using completed audits. However, the practice told us that it intended to carry out completed 2-cycle clinical audits in relation to menopause care within six months from the inspection date.

- The GP told us it had planned to peer review patient treatments with a local GP colleague to ensure that it was providing the most appropriate and effective care and treatment to its patients.

### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The GP was registered with the General Medical Council (GMC) and was up to date with revalidation.
- We saw up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider understood the learning needs of staff and provided protected time and training to meet them. For example, the virtual assistant who worked remotely from the practice had joined the service two weeks prior the inspection date, and we saw evidence they had been trained to use the internal computer database and had a training plan which included training modules on information governance and safeguarding.
- The GP whose role included reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

### Coordinating patient care and information sharing

Staff worked together with other organisations, to deliver effective care and treatment. However, we noted that consent to share information with the patient's NHS GP was not always sought by the practice. Immediately after the inspection the practice changed its policy and now asked all new patients to provide consent to share information with their NHS GP.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, we saw the practice would write letters to NHS GP's (where consent was obtained) informing them of the patient's consultation. We also saw the practice had referred patients for private hospital appointments, for example with gynaecology and orthopaedic consultants.
- Before providing treatment, the GP at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

# Are services effective?

## (for example, treatment is effective)

- Where patients agreed to share their information, we saw evidence of communication with their registered GP in line with GMC guidance. The provider 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. We saw an example of this on a patient's record.
- Patient information was shared appropriately (this included when patients moved to other professional services), 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 have been referred to other services

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

The GP was consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. For example, how they could avoid illness or better manage their conditions through lifestyle changes such as diet and exercise.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, the GP redirected them to the appropriate service for their needs.

### **Consent to care and treatment**

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

- The GP understood the requirements of legislation and guidance, including the Mental Capacity Act 2005, when considering consent and decision making. However, The GP had not carried out any recent Mental Capacity Act training. Immediately after the inspection the GP provided us with a certificate of completion for Mental Capacity Act training.
- We were told any treatment, including fees, was fully explained to the patient prior to the procedure and people then made informed decisions about their care.
- There was comprehensive information on the service's website with regards the services provided and what costs applied.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We were unable to speak with patients on the day of the inspection, however four patients had provided feedback via CQC comments cards which were positive about the way staff treat people.
- As an independent doctor service, the provider did not participate in the annual National GP Patient Survey. However, the provider regularly received feedback from patients via a third party independent review website. We saw for the period April 2018 to October 2018; 10 patients had given feedback all of which was positive; patients had commented they thought the service was helpful and caring.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### Involvement in decisions about care and treatment

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

- The service gave patients clear information to help them make informed choices which included comprehensive information on the service's website and a patient leaflet. Clear information regarding the cost of services was given on the service's website and when booking an appointment.
- Patients told us through comment cards, 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.

- Interpretation services were not available for patients who did not have English as a first language. However, this was risk assessed against the patient population who had primarily been city workers with English as their first language. The practice informed us that if they were to have a patient who did not have English as their first language then they would use appropriate translation services.
- We were told patients with learning disabilities or complex social needs that family, carers or social workers would be appropriately involved in the patients care.
- At inspection the practice did not have communication aids, a hearing loop or easy read materials available, for people with visual impairment, hearing difficulties and learning difficulties. Immediately after the inspection we were told the practice had invested in a hearing loop and we were provided with an invoice for the order.

### Privacy and Dignity

The service respected patients' privacy and dignity.

- The GP recognised the importance of people's dignity and respect.
- Staff knew if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A privacy screen was available within the consultation room.
- The service had data protection policies and procedures in place and there were systems to ensure all patient information was stored and kept confidential. The service had acted in accordance with General Data Protection Regulation (GDPR). We saw evidence staff had undertaken relevant training and had access to guidance. The service was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The facilities and premises were appropriate for the services delivered. All patients were offered and had access to refreshments.
- The service was located on the first floor, which was accessible by stairs and a lift.
- The service did not have toilets within its own premises, but instead patients and staff could use the communal building toilets.
- Patient security had been considered and the waiting area was visible from the reception area.
- Information about the practice, including services offered and fees, was on the practice's website. A patient leaflet and information about treatments offered were available in the waiting area and consulting room.

### Timely access to the service

Patients could access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients reported via CQC comment cards the appointment system was easy to use.
- Appointments were available on a pre-bookable basis and the service also offered walk-in appointments.
- The service was available on Monday and Wednesday from 10am-4pm and Thursday and Friday from 9am-12 pm. Weekend and evening appointments were also available upon request. Standard GP appointments were 20 minutes long and initial menopause care appointments were 60 minutes long; all follow up appointments were 20 minutes long.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously but had not received any complaints to date.

- Information about how to make a complaint or raise concerns was available on the practice website and in a leaflet.
- A comprehensive complaints policy was in place to ensure staff treated patients who made complaints compassionately.
- The GP and non-clinical partner were responsible for handling all complaints. We saw the complaint's guidance included information on how to escalate a complaint if dissatisfied with the response.
- The complaints policy required the practice to inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

# 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.

- The GP was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the GP understood the need to promote its services to increase its patient list. They also understood the difficulties of having to manage most of the organisation single handedly, which they planned to address once the business had grown and they were able to hire additional staff.
- We were told the GP and non-clinical partner had weekly informal discussions about the business, in addition to regular monthly meetings which we saw were appropriately minute.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### Vision and strategy

The service 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. The service had a realistic strategy and supporting business plans to achieve priorities.
- The provider told us its vision included 'the provision of excellent personalised care through a well organised learning environment that promoted the best care for staff and patients'.
- The GP was aware of and understood the vision, values and strategy and their role in achieving their vision.

### Culture

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

- The GP told us they focused on the needs of patients and wanted to provide them with the best of care and treatment.

- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. We were told all staff would receive a regular annual appraisal. The GP ensured they had 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 service actively promoted equality and diversity.

### Governance arrangements

There was clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The GP was clear on their roles and accountabilities.
- The GP had established proper policies, procedures and activities to ensure safety and assured themselves 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 service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits had not yet been carried out as the practice had only been running for six months at the time of the inspection. We were told that clinical audits were planned to take place within six months of the inspection date; the audits would relate to menopause care with the aim of having a positive impact on quality of care and outcomes for patients.
- The provider had plans in place and had trained staff for major incidents.

# Are services well-led?

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

## **Appropriate and accurate information**

The service 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, menopause charts were used to assess the effectiveness of treatment being provided and patients were encouraged to leave reviews for the service on an independent website.
- Quality and sustainability were discussed at staff meetings between the GP and non-clinical director.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Engagement with patients, the public, staff and external partners**

- The service encouraged its patients and staff to provide feedback which supported high-quality sustainable services.
- Although no recommendations have been provided yet, we were told that patients' and staff views and concerns would be acted on to shape the practice's service and culture.

## **Continuous improvement and innovation**

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents. Learning was shared, minuted and used to make improvements.
- The GP told us they regularly took time out to review individual and business objectives, processes and performance.