Dr Hamish McMichen

Basuto Medical Centre

Inspection report

29 Basuto Road
London SW6 4BJ
Tel: 020 7736 7557
Website: basuto.com

Date of inspection visit: 30 January 2018
Date of publication: 25/05/2018

Overall summary

We carried out an announced comprehensive inspection on 30 January 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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Basuto Medical Centre is an independent private GP service located in the residential area of Parsons Green, South West London. The service provides primary medical services for fee-paying patients.

As part of our inspection, we asked for CQC comment cards to be completed by patients. All the 29 patient comment cards we received were positive about the service experienced. Staff were described by patients as very caring, considerate, courteous, attentive and kind. Some comments referred to the efficiency of making an appointment and unhurried consultations. We were unable to speak with any patients directly at the inspection.

Our key findings were:

- The service had systems and processes to minimise most risks to patient safety.
- The service had adequate arrangements for response to medical emergencies and major incidents.
- There was a process for reporting and investigating significant events and incidents, but documentation did not provide clarity of reflective analysis and learning.
- Staff received essential training, and adequate staff recruitment and monitoring information was retained.

Summary of findings

- There was some evidence of quality improvement activity and clinical audit initiatives. Patient feedback indicated that staff were caring and courteous and treated them with dignity and respect.
- The service responded to patient complaints in line with their policy.
- The service had good facilities and was equipped to treat patients and meet their needs.
- There were systems in place to collect and analyse feedback from patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

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

- Review the arrangements for the disposal of sharps used to administer cytostatic medicines.
- Review the arrangements for not requiring patients to provide identification when registering with the service.
- Consider incorporating more detailed reflective analysis and learning in the documentation of significant events and incidents.
- Further develop quality improvement activity to include complete clinical audits.
- Review the 18-month cervical screening reminder process to ensure inclusion of all relevant patients and embed the newly implemented process for inadequate sample monitoring.
- Review the systems for identifying the learning needs of clinical staff.

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.

- There were systems and processes in place to keep patients safe and safeguarded from abuse. All staff had undertaken safeguarding training relevant to their role.
- We observed the service premises to be clean and there were systems in place to manage infection prevention and control (IPC), which included a recent IPC audit.
- There were adequate arrangements to respond to emergencies and major incidents.
- There were systems and processes to minimise most risks to patient safety.
- There were safe systems and processes in place for the prescribing and dispensing of medicines.
- There was a system in place for reporting and investigating significant events and incidents.

We found areas where improvements should be made, relating to the safe provision of treatment. This was because the service provider did not have effective systems for the disposal of sharps used to administer cytostatic medicines and there was no policy requiring patients to provide identification when registering with the service. Documentation of investigation into significant events and incidents did not provide clarity of reflective analysis and learning.

Are services effective?

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

- Clinical staff we spoke with told us that patients' needs were assessed and care was delivered in line with current evidence based guidance and standards.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was some evidence of quality improvement activity and clinical audit initiatives.
- There were formal processes in place to ensure all non-clinical staff received an annual appraisal. GPs underwent annual external professional appraisal with the designated body of membership and all had a date for revalidation in the next three years.

We found areas where improvements should be made, relating to the effective provision of treatment. This was because the service provider did not have formal systems to identify the learning needs of clinical staff and the cervical screening reminder process required review.

Are services caring?

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

- Published feedback from patients was positive and indicated that the service was caring and that patients were listened to and involved in decisions about their care and treatment.
- All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced.
- We observed that staff were courteous and very helpful to patients and treated them with dignity and respect.
- Systems were in place to ensure patients' privacy and dignity was respected.

Are services responsive to people's needs?

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

Summary of findings

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs. Appointments were usually available the same day.
- The premises and facilities were appropriate for the services delivered.
- Staff told us that they had access to interpreting services for those patients whose first language was not English.
- There was a complaint resolution procedure, which set out the process and management of complaints in line with recognised guidance for independent doctors in England. Complaints and outcomes were discussed with staff at team meetings.

Are services well-led?

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

- The service had a clear vision and supporting strategy to deliver high quality care and promote good outcomes for people.
- There was a management structure in place and staff were aware of their own roles and accountabilities.
- There were effective clinical governance and risk management structures in place in most areas.
- Risks to patients and staff were assessed and some audit activity was undertaken to assess the quality of services.
- There were systems in place to collect and analyse feedback from patients.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

We found areas where improvements should be made relating to the running of a well-led service. This was because there were areas where the service provider needed to review their governance arrangements. This related to some operational systems and processes, that required further development including clinical audit activity, patient recall processes and identification of the learning needs of clinical staff.

Basuto Medical Centre

Detailed findings

Background to this inspection

The registered provider is Dr Hamish McMichen.

Basuto Medical Centre is an independent private GP practice founded by the principal GP in 1990. The service is located in the residential area of Parsons Green South West London, which lies in the London Borough of Hammersmith and Fulham. The service operates from a two-storey building with wheelchair access and accessible facilities. There are four consultation rooms on the ground floor and a further consultation room on the first floor allocated to visiting practitioners.

The service provides primary medical services to fee-paying patients. Access to services are through an individual, joint or family annual subscription plan covering up to 10 GP consultations per year, or on a pay per use basis. There are approximately 10,000 patients registered with the service, 2,500 with an annual subscription plan and 7,500 subscribed to pay on use.

The clinical team includes a male principal GP and two male and two female part-time employed GPs, who collectively work 22 clinical sessions per week. A specialised nurse operates a travel advice and vaccination clinic one day a week. An acting practice manager, personal assistant secretary and three reception/ administration staff support the clinical team. Clinical staff required to register with a professional body were registered with a licence to practise.

The service operates from 8am to 6.30pm Monday to Friday. Thirty-minute consultation appointments are available throughout the day with hour-long slots allocated for annual health checks. The service provides approximately 500 GP appointments per month. Out-of-hour arrangements are in place with a contracted provider Monday to Thursday and weekends are covered by the in house GPs.

The service provides a range of primary healthcare services. These include patient consultations, annual health assessments, immunisations, contraceptive care and post-birth baby checks at six weeks. Patients where required are referred, to other services for diagnostic imaging and specialist care. A specialist nurse operates a travel clinic once a week, which registered and non-registered patients can access. There is a separate booking system for travel clinic appointments.

A CQC inspector, accompanied by a GP specialist advisor, led the inspection team on 30 January 2018.

Before visiting, we looked at a range of information that we hold about the service. We reviewed the last inspection report from October 2013 and information submitted by the service in response to our provider information request. During our visit, we spoke with a range of staff including two GPs, the travel nurse, practice manager and two non-clinical staff members. We reviewed the systems in place for the operation of the service, looked a sample of key policies and protocols, recruitment and training records, incidents and complaints and patient feedback. We also made observations of the environment and infection control measures.

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?

Detailed findings

- Is it well-led?

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

Are services safe?

Our findings

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

Safety systems and processes.

- The service had systems to safeguard children and vulnerable adults from abuse. There was a GP lead for safeguarding and policies were accessible electronically and in paper copy. The policies outlined where to go to for further guidance and included an electronic link for the contact details of the local child-safeguarding boards in London. Staff demonstrated they understood their responsibilities regarding safeguarding and had received training at a level relevant to their role and responsibilities. The service did not hold a specific safeguarding register and there was no established process to alert safeguarding concerns in the hand written patient record. The electronic patient record system had the facility for adding an alert. Staff we spoke with could not recollect any specific safeguarding occurrences.
- There were notices to advise patients that chaperones were available if required. All staff who acted as chaperones had received training for the role and a Disclosure and Barring Service (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.
- We reviewed four staff personnel files, and saw appropriate recruitment checks undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, indemnity arrangements and checks through the Disclosure and Barring Service (DBS). It was service policy to request a Disclosure and Barring Services (DBS) check for all staff.
- There were policies and procedures for infection and prevention control (IPC). We observed the premises to be visibly clean, daily cleaning schedules and systems for monitoring their effectiveness were in place. However, we observed that the storage of cleaning equipment did not comply with recommended guidance, which the practice said they would raise immediately with the cleaning contractor. There was a six monthly schedule for the cleaning of carpets, upholstery and non-disposable privacy curtains. A dedicated receptionist was responsible for cleaning medical devices on a daily basis. The service had undertaken a self-assessment IPC audit in June 2017, which included an action plan to address areas identified for improvement.
- At the time of inspection, the service used a bench-top steriliser for the occasionally used within the practice. A standard operational decontamination process was followed which supported recommended guidance. The service took the decision post-inspection to replace reusable instruments cleaned by this method with single use items and de-commission the bench-top steriliser. There were systems for managing healthcare waste although we observed that there was no separate receptacle for the disposal of sharps used to administer cytostatic medicines such as Depo-Provera injections.
- There was a health and safety policy and the service had undertaken risk assessments to monitor the safety of the premises, including substances hazardous to health, legionella and water hygiene. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings). The last legionella risk assessment in January 2018 identified a remedial action for water tank cleaning to reduce the possibility of legionella or other bacteria developing in the water systems.

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. At the time of the inspection, the practice manager role was vacant and was covered by the assistant practice manager.
- Clinical staff had appropriate indemnity insurance in place.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians had access to adult and paediatric pulse oximeters to assess oxygen saturations of patients with urgent conditions, such as patients with suspected sepsis.

Are services safe?

- The service had an automated external defibrillator (AED) and an oxygen cylinder for use in a medical emergency. We observed that there were no dedicated paediatric defibrillator pads but were told that one adult pad would be used in this circumstance. Paediatric nebuliser masks were available to administer oxygen therapy to children. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Checks to ensure emergency equipment was in working order and emergency medicines were in date, were routinely undertaken. All the emergency medicines we checked were within their use by date.
- There was an effective system for managing pathology tests and results processed through an independent clinical laboratory diagnostic service. Test results received were reviewed and actioned by clinicians on the same day. The service maintained a manual log of all tests sent to the laboratory and of results received, which allowed for the identification of any omissions.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- There was a system in place to ensure that adults accompanying child patients had the authority to do so.
- There was no policy requiring patients to provide identification when registering with the service to verify the given name, address and date of birth provided and this had not been risk assessed. When registering a child a legal guardian signatory was required.

Information to deliver safe care and treatment

- The information needed to plan and deliver care and treatment was available to relevant staff in an accessible way. This included medical records, investigations, test results, referrals and prescribing.
- The service had back-up systems for the electronic clinical management system and a further security upgrade was in process. Patient paper records were stored in secure areas within the practice, but not all were retained in fire-retardant storage systems. The service was aware of this risk and was considering the options to address this.

Safe and appropriate use of medicines.

- The practice operated a dispensing service with a limited supply of medicines, which included analgesics, antibiotics, anti-emetics, inhalers There were no controlled medicines stocked. Dispensary medicines were stored in a secure area, in a locked cupboard with controlled access. There were standard operating procedures in place for the ordering, prescribing, dispensing, storing and record management of dispensary medicines. The service, dispensed medicines in the manufacturer's original packaging complete with the patient information leaflet. All medicines were dispensed with the appropriate label and by the prescribing GP.
- The practice manager and a trained receptionist undertook the stock management of medicines kept. A comprehensive record of internal dispensing was maintained, with monthly audits undertaken for the reconciliation of stock. A list was automatically generated of medicines requiring re-stock and orders placed with a local pharmacy. There were separate arrangements for the stock management of travel vaccines, which were undertaken by the
- Private prescriptions were generated from the electronic patient record system with the name and address of the practice, and were signed by the prescribing GP before issue. Prescriptions issued were automatically on the patient's electronic medical record.
- There were two dedicated vaccine storage refrigerators with integral thermometers and each with a second thermometer independent of mains power. Records we reviewed demonstrated daily monitoring of the minimum, maximum and actual temperatures, with none falling outside the normal operating ranges for vaccine storage. However, on the day of inspection we observed a discrepancy between the fridge temperature readings and those from the independent thermometers. We also noted that both the minimum and maximum temperature recordings had been the same as the actual temperature reading on some occasions during the last month. There was no documentation of any actions taken regarding this. We brought this to the attention of the practice manager who informed us after the inspection, that

Are services safe?

investigations had identified defects with the independent thermometers. Since their replacement, readings now aligned with the integral fridge measurements.

- There were systems in place to check the expiry date of all medicines stocked in the practice including those kept in the dispensary. All the medicines we checked were in date.
- The service had adopted Patient Group Directions (PGDs) authorised by the principal GP to allow the practice nurse to administer travel vaccines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Track record on safety

- Systems were in place to check that clinical and non-clinical equipment was in good working order and safe to use. Records demonstrated external calibration of medical equipment in October 2017 and portable appliance testing (PAT) in November 2015. PAT assessments since had been conducted by the previous practice manager however, records kept lacked clarity.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety and fire risk assessments, where completed for the premises. There was a schedule for annual fire-fighting equipment checks, weekly fire alarm testing and four-monthly fire drills.

Lessons learned and improvements made

When there were unexpected or unintended safety incidents;

- There was an incident policy and a system for reporting and acting on significant events and incidents. Staff we spoke with understood their duty to raise concerns and report incidents and they felt confident to report any concerns.
- There had been five reported incidents in the last year. Records we reviewed demonstrated that incidents were analysed through a risk assessment approach of likely re-occurrence. However, there was limited information documented to demonstrate reflective analysis and learning. Minutes showed discussion of incidents at clinical governance meetings held twice yearly.
- The service was aware of and complied with the requirements of the Duty of Candour and a culture of openness and honesty was encouraged. Policies and procedures were in place to support the requirements of the Duty of Candour.
- There was a system for receiving and disseminating medicines and equipment safety alerts received electronically from the Department of Health (DOH) Central Alerting System (CAS). The service maintained a log of safety alerts received and recorded actions taken in response to them. The service had systems in place for knowing about notifiable safety incidents.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

- The practice had systems to keep clinicians up to date with current evidence-based practice. Clinical staff we spoke with told us that patients' needs were assessed and care was delivered in line with current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. The service did not formally discuss new guidance but we were told that informal discussions regularly occurred with clinical staff but these were not documented.

Monitoring care and treatment

- There was some evidence of quality improvement activity and clinical audit. There had been two single cycle clinical audits completed in the last year. This included an efficiency review of repeat prescribing and assessment of symptom control in some patients diagnosed with asthma. The service had also carried out non-clinical audits of specific operational activities to identify areas for improvement. For example, operational compliance of medicine dispensing, medicine stock management and staff understanding of infection control policies and guidance. Recommended actions from each of the audits informed change or additions to operational procedures and protocols. There were no examples of completed clinical audit cycles to monitor improvement.

Effective staffing

- There had been recent changes to the management team following the unanticipated resignation of the practice manager. As a temporary measure, the assistant practice manager covered the role whilst a permanent replacement was sourced.
- All of the GPs had a current registration with the General Medical Council (GMC) and held a license to practise. Each GP underwent annual external professional appraisal with the designated body of membership and all had a date for revalidation in the next three years. (All doctors working in the United Kingdom are required to follow a process of appraisal and revalidation to ensure their fitness to practise). There were no formal GP appraisals carried out internally by the service, but we were told that implementation of this would be considered. The travel nurse had a current registration with the Nursing & Midwifery Council (NMC) and followed the required appraisal and revalidation processes. The service supported staff to meet the requirements of revalidation through the provision of protected time to attend professional development days.
- The service could demonstrate completion of role specific training for relevant staff. For example, the travel nurse who gave travel advice and administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programme.
- There was an induction programme for newly appointed staff.
- Non-clinical staff received an annual appraisal and completed training including fire safety awareness, infection control, chaperone, and information governance. All clinical and non-clinical staff received safeguarding and basic life support training.

Coordinating patient care and information sharing

- The service made referrals to secondary care in a timely manner and patients where given the option of a referral to either private or NHS specialist care. Most of the referrals made were to the private sector.

  The practice had systems in place for seeking consent to share information with the patient's NHS GP, if applicable. The service would notify the NHS GP if in the best interest of the patient. The service captured details of a patient's NHS GP at the point of registration.
- The travel nurse provided non-registered patients with a record of travel vaccinations administered at the service and encouraged them to share this information with their registered GP.

Supporting patients to live healthier lives

- Annual health screening packages were available to all patients and included an assessment of lifestyle factors.
- The service offered a range of medical assessments including pathology tests and referral for diagnostic imaging.

Are services effective?

(for example, treatment is effective)

- Patients were encouraged to attend the practice for cervical smear screening at 18-month intervals. A full child immunisation schedule was encouraged for babies and infants, and Meningitis B and ACWY vaccines advocated to patients aged 16 to 23 years old.

Consent to care and treatment

- Clinicians supported patients to make decisions by providing information about treatment options and costs.
- There was a system in place to ensure that adults accompanying child patients had the authority to do so and that consent to care and treatment was authorised by the child's parent or guardian.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- During our inspection, we observed that
- Staff we spoke with demonstrated a patient centred approach to their work and with this also reflected in patient feedback.
- We received 29 comment cards completed by patients that were all very positive about the service experienced. Patients described that the practice offered an excellent service and that staff were very caring, considerate, courteous, attentive and kind.
- Results from the practice's patient satisfaction survey for 2017 showed that patients responded positively about the kindness, courtesy and helpfulness of staff.

Involvement in decisions about care and treatment

The service supported patients to be involved in decisions about their care.

- Results from the practice's patient satisfaction survey for 2017 showed that patients responded positively about their involvement in the care and treatment they received. This included positive responses to questions about the time and attention afforded to patients during consultations and clarity of information provided by clinicians. Patient feedback from the comment cards we received was also positive and aligned with these views.
- Standard information about consultation costs and fees for additional services was available on the practice website, in the patient information leaflet and on display in reception. The service informed patients on an individual basis, about the cost of blood tests, vaccinations and prescriptions depending on the type.
- Translation services were accessible to support patients who did not have English as a first language.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Consultation rooms where arranged in a way to maintain patients' privacy and dignity during examinations, investigations and treatments. Privacy curtains where provided in each consultation room.
- Consulting room doors where closed during consultations and conversations taking place in these rooms could not be overheard.
- A private room was available if patients wanted to discuss sensitive issues or appeared distressed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered. Consultation rooms and accessible toilet facilities were located on the ground floor of the premises. Breast-feeding and baby changing facilities were available as well as the provision of children's books and toys in the waiting area.
- Information about the practice, the services offered and financial costs, was provided on the practice website and at reception.

Timely access to the service

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

- The service operated from 8am to 6.30pm Monday to Friday. Thirty-minute consultation appointments were available throughout the day with hour-long slots allocated for annual health checks. The service accommodated same day appointment requests where capacity permitted. Patients with the most urgent needs had their care and treatment prioritised.
- Out-of-hour arrangements were in place with a contracted provider from Monday to Thursday and weekends covered by the in house GPs.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. The service operated an egress email service for communication of patient test results, referral letters and prescription refill requests. Emails where delivered with a password message and each patient were required to provide their date of birth. There was a facility for patients to request appointments electronically via a designated website, if registered to do so.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- There was a complaint resolution procedure, which set out the process and management of complaints in line with recognised guidance for independent doctors in England. This included details of the adjudication bodies where patients could send unresolved written complaints for review along with the processes involved. The practice manager was the designated person to handle complaints received.
- The service dealt with written and verbal complaints as incidents. There had been three complaints received in the last year, which we saw were responded to in a timely way and in accordance with policy. Records we reviewed demonstrated that complaints were analysed through a risk assessment approach of likely re-occurrence. Minutes showed discussion of complaints at clinical governance meetings held twice yearly and at weekly staff team meetings, attended occasionally by clinical staff.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

The service was led by the principal GP supported by a small management team.

- The principal GP had developed and expanded the service over 28 years and had the skills, capacity and experience to deliver high quality sustainable care. At the time of inspection, the management team was not resourced to full capacity due to recent unanticipated resignation of the previous practice manager. The practice manager role was in the interim covered by the assistant practice manager, who had held the post for 24 years. The principal GP and practice manager were visible and approachable and staff knew the management arrangements.

Vision and strategy

The service had a clear vision and supporting strategy to deliver high quality care and promote good outcomes for people.

- There was a clear vision and set of values, which aimed to provide the best possible quality, comprehensive and personal healthcare service, to families and individuals during and outside practice opening hours.
- There was a strategy and business plans to develop and expand access to the service through the provision of additional and alternative membership packages.
- Services were planned to meet the needs of patients, with the provision of on-site access to other healthcare professionals.

Culture

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

- The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and were encouraged to do so.
- Staff stated they felt respected, supported and valued. They told us they were proud to work at the service and felt like part of a family.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Governance arrangements

There was evidence of systems in place and lines of accountability to support good governance management in most areas.

- There was a clear staffing structure and staff we spoke with were aware of their own roles and accountabilities, including in respect of safeguarding, infection control and reporting of incidents and significant events.
- The service had policies and procedures to support the operational management of the practice and to protect patients and staff. Policies were subject to regular review and updated when necessary. All the policies we reviewed were up to date.
- Clinical governance meetings occurred bi-annually and team meetings weekly. However, at the time of inspection scheduled formal clinical meetings had not taken place since November 2017 due to unanticipated management resource change. We were told that informal discussions with staff regularly occurred because of the small size of the practice team and different working patterns, but these conversations were not documented.

Managing risks, issues and performance

Most risks were managed effectively however, in some areas operational systems and processes were not formalised or required further development. These issues did not impact on patient safety.

- There were appropriate arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions. For example, health and safety and fire risk assessments completed for the premises and fail safe systems were in place for monitoring oversight of pathology test results receipt. However, there were no formal arrangements to assure the identity of patients, and patient recall processes for cervical screening required review. Some internal audit was used to monitor the quality of clinical and non-clinical services, although this required further development to include completed clinical audit cycles

Are services well-led?

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

to monitor improvement and patient outcomes. Minutes from the last clinical governance meeting demonstrated discussion of future audits including an audit of women's health screening.
- The service had plans in place for major incidents.

Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data records and data management systems. This included use of an egress email service for patient test results and referral letters.
- Staff were aware of the importance of protecting patients' personal information.

Engagement with patients, the public, staff and external partners

- The service encouraged feedback from patients and had a system to gather patient feedback on an on-going basis.

The service engaged with staff through appraisal, informal discussion and staff meetings. Staff told us that the provider was receptive to their feedback.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- Staff were encouraged to identify opportunities to improve the service delivered through one- to-one discussions, team meetings and appraisal process.
- Deficiencies in operational practice were actively identified and training delivered where necessary to improve efficiency of service provision.
- The service explored potential opportunities for the provision of additional services in house, for the benefit and convenience of patients.