

Danbury Medical Centre

Quality Report

Danbury Medical Centre

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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 service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Danbury Medical Centre and its branch Mountbatten House Surgery on 26 September 2017. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was a clear leadership structure and staff felt supported by management. The practice ensured that communication across both sites was clear and defined.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, the practice did not actively monitor trends in significant events.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We found some clinical consumable items had passed their expiry date for use. The practice acted on this immediately and removed them.
- The practice dispensed medicines to patients. The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe.
- We observed the premises to be tidy and generally clean but noted that there was staining throughout the carpets in the Mountbatten site and on the floor of a storage area at the Danbury site.
- Staff had received training on safeguarding children and vulnerable adults relevant to their role.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- We reviewed recruitment procedures undertaken prior to employment and we found that for two members of staff evidence of satisfactory conduct in previous employments in the form of references was missing but the remainder of staff files we viewed were complete and accurate.
- Results from the national GP patient survey showed patients did not always rate the service highly in

Summary of findings

comparison with local and national averages. The practice was proactive in attempting to address patient concerns as raised through the survey and had implemented various changes as a result.

- The practice had identified less than 1% of the practice population as carers but did signpost them to relevant services.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. But there was no system in place for lessons learnt from individual concerns and complaints to be shared with other staff or stakeholders.
- Patients we spoke with said they did not always find it easy to make an appointment with a named GP but that there was continuity of care, with urgent appointments available the same day.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider must make improvement is:

- Ensure care and treatment is provided in a safe way to patients.

There were several areas where the provider should make improvements:

- Monitor trends in significant events and share learning from complaints and their outcomes.
- Review the recording and coding of medical records to ensure accurate and reflective care and treatment of patients, including patients who are carers.
- Respond appropriately to below average patient satisfaction scores in the national GP Patient Survey.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. There was a comprehensive log to monitor significant events. The practice did not actively monitor trends in significant events.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- We observed the premises to be tidy and generally clean but noted that there was staining throughout the carpets in the Mountbatten site and on the floor of a storage area at the Danbury site.
- Risks to patients were assessed and generally well-managed.
- Emergency medicines were easily accessible to staff in a secure area of the practice at each site and all staff knew of their location. All the medicines we checked were in date and stored securely. However, we found out of date oxygen masks in the emergency kit and in storage. We also found out of date oral feeding syringes in a GP home visit bag. The practice removed these immediately.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patient safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework for 2015/16 showed patient outcomes were at or above average compared to the national average. The most recent published results were 100% of the total number of points available compared with the Clinical Commissioning Group (CCG) and national average of 95%.

Summary of findings

- The overall exception reporting was 20%, which was above the CCG average of 11% and the national average of 10%. Unverified data from 2016/17 showed a reduction in overall exception reporting to 6%.
- Data showed the practice performed in line with the local and national averages for cervical screening and breast and bowel cancer screening rates.
- Staff were aware of current evidence based guidance and reported training was encouraged.
- Clinical audits demonstrated quality improvement in areas such as prescribing and monitoring of patients on specific medicines.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, including health visitors.
- End of life care was coordinated with other services involved including specialist nurses. The practice held monthly meetings to discuss patients at the end of life. One of the GPs at the practice was also active in the local hospice, enabling good cooperative working and learning.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with, or below, local and national averages for several aspects of care.
- The practice had identified less than 1% of the practice population as carers but did signpost them to relevant services.
- As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards, of which 14 were positive about the standard of care received.
- Information for patients about the services available was accessible. The waiting room had leaflets on local support organisations and national groups on display. An electronic screen in the waiting room provided additional information for patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group.
- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice hosted services including a midwife, district nurses and ultrasound services at the Danbury site so patients could access these services close to home, reducing the need for excess travel. The practice also employed a phlebotomist enabling patients to have blood tests done without the need to travel elsewhere.
- Patients said there was continuity of care, with urgent appointments available the same day. However, patient survey data and comments from some patients and comment cards indicated that access to appointments could be problematic. The practice had reviewed the GP patient survey, published in July 2017, had made changes in response and were in the process of reviewing the access to appointments to improve patient satisfaction with access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples we reviewed showed the practice responded quickly to issues raised. There was no system in place that lessons learnt from individual concerns and complaints were shared with other staff or stakeholders.

Requires improvement



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. There had been a change of practice management in January 2017.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- Most staff had received inductions and appraisals. Staff attended meetings and training opportunities. Staff commented positively and told us that training was encouraged.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken. There was a comprehensive system of meetings across all sites to ensure an overview of performance was maintained.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged actively with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. The practice was a training practice and a research practice.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. The practice was rated as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above, or in line with, local and national averages.
- GPs undertook weekly visits to two local care homes providing care to their patients in these homes.
- The practice worked with multi-disciplinary teams when providing care for older people, if required.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- Nursing staff had lead roles in long-term disease management, such as diabetes. Patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). Performance for diabetes related indicators was 100%, this was 15% above the CCG and 10% above the England average. The prevalence of diabetes was 5% which was 1% lower than the CCG and the national average of 6%. Exception reporting was considerably above average and ranged from 17% to 39% but this had significantly improved according to 2016/17 data, which was unverified at the time of our inspection. This data showed that overall exception reporting for diabetes had dropped to 5%.
- The practice had reviewed and improved their recall system to improve monitoring of patients with long term conditions, specifically for those patients at the Mountbatten site, which had been merged with the practice within the last two years.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Longer appointments and home visits were available when needed.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 80%, which was above the CCG average of 77% and in line with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

- The practice worked with midwives and health visitors on a regular basis.
- One of the GP partners was the local area lead for family planning matters and provided family planning care at the practice, including contraceptive intrauterine device (coil) fitting.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice was rated as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours' appointments were provided.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations where appropriate for those who could not make it to the surgery.
- Smoking cessation and NHS health checks were encouraged and the practice offered travel immunisations available on the NHS.
- Extended hours' appointments were available on Monday evenings from 6.30pm to 8pm and Friday mornings from 7am to 8am.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- The practice had 69 registered patients with learning disabilities, of whom 56 had received a review in 2016/17. The practice explained that invitations were sent and personal circumstances considered for these patients.

Requires improvement



Summary of findings

- The practice offered longer appointments for patients with a learning disability where required.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. One of the GPs at the practice was also active in the local hospice, enabling good cooperative working and learning.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients such as district nurses.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations including carers groups.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group; however there were examples of good practice.

- The practice carried out advance care planning for patients living with dementia.
- The practice had 129 registered patients with dementia, of whom 110 had received a review in 2016/17.
- The practice had 124 registered patients with mental health conditions, of whom 113 had received an actual review in 2016/17.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations, including local wellbeing services.
- Staff interviewed had a good understanding of how to support patients with mental health needs and had all received training in dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing generally below local and national averages. 225 survey forms were distributed and 105 were returned. This represented a 47% completion rate.

- 77% of patients described the overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 81% and the national average of 84%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards, of which 14 were positive about the standard of care received. Patients commented on the caring nature of the staff and the cleanliness of the

premises. Three comment cards reported further positivity of patient experiences but contained negative comments about obtaining appointments. Four comment cards were negative, quoting negative experiences in obtaining appointments and referrals. There were also negative comments on changes in the operation of the branch surgery, which the provider had merged with less than a year ago.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke with the chair of the patient participation group who reported collaborative working with the practice and approachable staff. Patients spoke of positive experiences in their personal care and they felt involved in the decision making processes. Three patients commented that the telephone system could cause delays getting through in order to make an appointment. They felt the clinicians provided sufficient time during consultations and that waiting times were acceptable.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.

Action the service **SHOULD** take to improve

- Monitor trends in significant events and share learning from complaints and their outcomes.

- Review the recording and coding of medical records to ensure accurate and reflective care and treatment of patients, including patients who are carers.
- Respond appropriately to below average patient satisfaction scores in the national GP Patient Survey.

Danbury Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Danbury Medical Centre

Danbury Medical Centre provides services to approximately 19,000 patients in Danbury, Essex and surrounding area. There is one branch site, Mountbatten House surgery, in North Springfield, Chelmsford, Essex. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

The practice has five GP partners, three female and two male, and one managing partner. There are also nine salaried GPs. There is a practice manager, a reception manager, a team of 13 administration staff and ten receptionists. A team of six dispensers is supported by a dispensary manager and there are five practice nurses, two nurse practitioners, one healthcare assistant and one phlebotomist. The practice holds a General Medical Services contract with Mid Essex Clinical Commissioning Group (CCG).

The practice is a training practice and had five GP registrars (doctors training to become GPs) active at the time of our inspection. The practice is also a research practice and was participating with research studies at the time of our inspection.

Appointments can be booked up to four weeks in advance with GPs and nurses. Urgent appointments are available for people that need them, as well as telephone appointments. Online appointments are available to book up to one month in advance. Patients can be seen at either practice site. Telephone triage is undertaken by GPs.

- Danbury Medical Centre is open between 8am and 6.30pm Monday and Friday with extended hours' appointments available on Monday evenings from 6.30pm to 8pm and Friday mornings from 7am to 8am.
- Mountbatten House surgery is open 8am to 1pm and then 2pm to 6.30pm Monday to Friday.

When the practices are closed patients are able to use the out of hour's service provided by Care UK. Patients can also access advice via the NHS 111 service.

The most recent data available from Public Health England showed the practice has a smaller number of patients aged 0 to 9 and aged 20 to 44 compared with the national average. Income deprivation affecting children is 8%, which is lower than the CCG average of 14% and the national average of 20%. Income deprivation affecting older people is 7%, which is lower than the CCG average of 12% and national average of 16%. Life expectancy for patients at the practice is 82 years for males and 85 years for females; this is above the national expectancy of 79 years and 83 years respectively.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the Clinical Commissioning Group to share what they knew. We carried out an announced visit on 26 September 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, administration and reception staff, dispensers and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited both practice sites.

- Looked at information the practice used to deliver care and treatment plans.

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?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that action was taken to improve safety in the practice. For example, following a home visit not being carried out a process was implemented where the reception manager monitors visit lists to ensure GPs are notified accordingly. Significant events were discussed in practice meetings but we did not see any evidence that lessons were shared beyond the notes and the meetings.
- The practice did not actively monitor trends in significant events.

We reviewed safety records, incident reports and patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and Central Alerting System (CAS). Various members of staff received alerts and were responsible for cascading patient safety alerts, such as those from the MHRA. A folder was kept within which all updates and alerts were detailed. When we reviewed relevant alerts and updates on the practice's computer system we saw that actions were taken as a result.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding, who was also the mental health lead for the Clinical Commissioning Group (CCG). The GPs attended safeguarding meetings with health visitors and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs were trained to child safeguarding level three.

- A notice in the waiting room and all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received 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 personnel files and found recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications and the appropriate checks through the DBS. We found two members of staff did not have evidence of satisfactory conduct in previous employments in the form of references.

The practice maintained standards of cleanliness and hygiene. However, some of these standards needed improving:

- We observed the premises to be tidy and generally clean but noted that there was staining throughout the carpets in the Mountbatten site and on the floor of a storage area at the Danbury site. The practice made use of an external cleaning company. There were cleaning schedules and monitoring systems in place. Clinicians were responsible for the daily cleaning of their area; we saw schedules in place for this.
- The advanced nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. We saw evidence

Are services safe?

that an infection control audit had been undertaken in November 2016 at the Danbury site, and in August 2017 at the Mountbatten site. We saw evidence of improvements in IPC from the last audits. For example, dust had been found on the metal frames of treatment couches and had been highlighted for improvement and addressed accordingly at the Danbury site and curtains were highlighted for replacement at the Mountbatten site.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. The practice had audited their dispensing service showing patients giving high levels of positive feedback. Dispensing staff had completed appropriate training and the practice were supporting two trainee dispensers to undertake appropriate training.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. There was a variety of methods available to patients to order their repeat prescriptions. We found that repeat prescription for medicines supplied at the dispensary were signed and authorised by GPs before being handed to patients.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results.
- We found that if a patient did not collect a prescription, there was no system in place to inform the relevant clinician.
- Medicines were stored securely within the dispensary area. Records showed medicine refrigerator temperature checks were carried out to ensure medicines and vaccines requiring refrigeration were stored at appropriate temperatures. Processes were in place to check medicines following alerts and recalls of medicines and to check medicines for expiry to ensure they were safe for use every three months.
- Dispensary staff understood and fulfilled their responsibilities to raise and to report near misses.

- Blank prescription forms were kept securely and there was a log to track their use.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had standard procedures in place that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs and the practice carried out regular audits of controlled drugs.
- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for clinical conditions within their scope of practice. They received mentorship and support from the medical staff for this extended role. The nurses met with a GP informally when required to discuss prescribing decisions and clinical interventions. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately. These were signed and dated appropriately.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety across both sites.

- There was a health and safety policy and risk assessment available.
- The practice had up to date fire risk assessments and carried out regular fire drills. There were seven designated fire marshals within the practices. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Staff told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments and there were sufficient stocks of equipment and single-use items required for a variety of interventions. We found some items had passed their expiry date for use. For example, we found

Are services safe?

that there was a number of out of date oxygen masks and tubing in storage and in the emergency equipment and there were out of date oral feeding syringes in a doctor's bag. The practice acted on this immediately and removed them.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents across both sites.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were appropriate emergency medicines available in the treatment room at every site.
- The practice had a defibrillator available at all the sites and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice at each site and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through regular discussion at meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available compared with the Clinical Commissioning Group (CCG) and national average of 95%.

The overall exception reporting was 20%, which was above the CCG average of 11% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). When we reviewed unverified data for 2016/17 QOF performance we saw that exception reporting overall had dropped to 6%, although overall performance had decreased to 89%.

- Performance for diabetes related indicators was 100%, this was 15% above the CCG and 10% above the England average. The exception reporting rate for diabetes indicators ranged from 17% to 39%, which was considerably higher than the CCG and national averages. When we reviewed unverified data for 2016/17 QOF performance we saw that exception reporting for this category had dropped to 5%. The prevalence of diabetes was 5% which was 1% lower than the CCG and the national average of 6%.
- Performance for mental health related indicators was 100%. This was 8% above the CCG average and 7%

above the England average. The exception reporting rate for mental health indicators was below local and national averages. The prevalence of patients with recorded mental health conditions in the practice was 1%, which was equal to the CCG and national averages.

- Performance for dementia related indicators was 100%, which was 1% above the CCG average and 3% above the England average. The exception reporting rate for dementia indicators ranged from 19% to 60%, which was higher than the CCG and national averages. When we reviewed unverified data for 2016/17 QOF performance we saw that exception reporting for this category had dropped to 7%. The prevalence of dementia was 1% which was equal to the CCG and national averages.
- The performance for depression was 100%. This was 7% above the CCG average and 8% above the England average. The exception reporting rate was in line with the CCG and England averages. The prevalence of patients recorded as having depression was 5%, which was 1% lower than the CCG prevalence 3% below the national prevalence.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of a variety of audits that the practice had undertaken. When we reviewed a random selection of 11 audits we saw evidence of various multiple completed and ongoing audits where the improvements found were monitored.

For example, we saw evidence of an audit undertaken in 2015 and 2016 of patients who had been newly diagnosed with hypertension (high blood pressure) and how many had all of the NICE guidance aspects completed in relation to their diagnosis. The 2015 audit indicated that of 110 newly diagnosed hypertensive patients:

- 80% of patients achieved a 24 hour blood pressure monitor or home measurements.
- 30% of patients had a recoded urine dip.
- 30% of patients had a recorded ECG within six months of diagnosis.

The practice implemented changes to drive improvement, including a new referral process to health care assistants to carry out basic checks including ECGs and urine checks.

Further audit in 2016 to see if uptake improved indicated:

Are services effective?

(for example, treatment is effective)

- 80% of patients achieved a 24 hour blood pressure monitor or home measurements (20% of patients refused or did not attend).
- Of the 80%, 75% of patients had recoded urine dip.
- 80% of patients had an ECG within six months.

It was concluded that there had been a significant increase in uptake of investigation of secondary harm from hypertension.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We found two members of staff had not had their induction recorded. The practice told us they had commenced effective induction recording as per October 2016 and we saw evidence to support this but for two members who started prior to this date there was no evidence of an induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for the phlebotomist and nurses venepuncture training had been provided.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff had received an appraisal within the last 12 months. Staff told us training was actively encouraged and they felt able to request training relevant to their role.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found the practice shared relevant information with other services in a timely way, for example when referring patients to other services. We received one comment from a patient that stated they had experienced difficulties getting a referral but we did not see a trend of this.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals, including district nurses and health visitors on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

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. One of the GPs at the practice was also active in the local hospice, enabling good cooperative working and learning.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice recorded consent for minor surgery and family planning interventions.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation.
- The practice hosted services including a midwife, district nurses and ultrasound services at the Danbury site so patients could access these services close to home, reducing the need for excess travel.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 77% and the national average of 82%. Patients who did not attend for their cervical screening test were contacted to encourage attendance. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged their patients to attend national screening programmes for breast and bowel cancer screening:

- 65% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months which was in line with the CCG average of 61% and the England average of 58%.
- 74% of females aged 50 to 70 had been screened for breast cancer in the last 36 months which was in line with the CCG average of 76% and an England average of 73%.

Childhood immunisation rates for the vaccinations given to under 12 month olds (162 eligible patients) during 2015/16 ranged from 97% to 98% (excluding meningitis Hep B immunisation); vaccinations given to under 24 month olds (156 eligible patients) during 2015/16 ranged from 91% to 98% (excluding Hep B immunisation); and for five year olds (185 eligible patients) immunisation rates ranged from 96% to 100% (excluding meningitis C and PVC immunisation).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice had completed 356 health checks from 868 invites during 2016/17.

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards, of which 14 were positive about the standard of care received. Patients commented on the caring nature of the staff and the cleanliness of the premises. Three comment cards reported further positivity of patient experiences but contained negative comments about obtaining appointments. Four comment cards were negative, quoting negative experiences in obtaining appointments and referrals. There were also negative comments on changes in the operation of the branch surgery, which the provider had taken on less than a year ago.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke with the chair of the patient participation group who reported collaborative working with the practice and approachable staff. Patients spoke of positive experiences in their personal care and they felt involved in the decision making processes. Three patients commented that the telephone system could cause delays getting through in order to make an appointment. They felt the clinicians provided sufficient time during consultations and that waiting times were acceptable.

Results from the national GP patient survey, published in July 2017, showed patients felt mixed about whether they

were treated with compassion, dignity and respect. The practice was generally in line with, or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 87% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 92% of patients said the nurse was good at listening to them compared with the CCG average of 91% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also 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. The majority of patient feedback from the comment cards we received was also positive and aligned with these views but there were a small number of comments that indicated changes at the Mountbatten site had caused unrest with some patients. The practice explained that they had revised and improved some of the local processes in the

Are services caring?

practice to improve safety, for example when prescribing repeat medication. We also saw that care plans were personalised. Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey, published in July 2017, showed patients responded with mixed views to questions about their involvement in planning and making decisions about their care and treatment. Results were just below local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice was aware of the results of the survey and had discussed these internally with a view to improve performance. Some action had already been taken but further ideas were being developed. For example, the practice had increased its appointment's availability by two weeks and undertook telephone triage in response to below average feedback on access.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. A hearing loop was also available.
- Information leaflets were available in easy read format.
- Leaflets included information on well-being, local voluntary groups and health promotion.
- Both sites were accessible for those with disabilities.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website and on the electronic information screen in the waiting room.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 122 patients as carers (less than 1% of the practice list). Information for carers was available in the practice. Written information was available in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered appointments at each site to ensure that patients could be seen within opening hours. Patients could be seen at either practice site. Extended hours appointments were available.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Older patients were allocated a named GP and the practice provided appointments within 48 hours for these patients.
- The practice provided care to patients at two local care homes, weekly visits were undertaken at these homes.
- The practice offered online services for appointment booking and test results.
- During periods where winter pressures increased demand the practice employed a paramedic to support the clinicians and call handlers.
- The practice took account of the needs and preferences of patients receiving palliative care. One of the GPs at the practice was also active in the local hospice, enabling good cooperative working and learning.
- Patients were able to receive yellow fever and travel vaccines available on the NHS as well as those only available privately.
- Gynaecological services were available at the practice; one of the GPs was a family planning and DFSRH (Diploma of the Faculty of Sexual and Reproductive Healthcare) trainer. .
- The practice offered minor surgery interventions. Eradicating the need for patients to travel elsewhere for treatments such as joint injections, biopsies, removal of lesions etc.
- There were accessible facilities, which included a hearing loop, and interpretation services available at every site. The Danbury site operated on ground and first floor and a lift was available for patients requiring the use of this.
- The practice hosted services including a midwife, district nurses and ultrasound services at the Danbury site so patients could access these services close to home, reducing the need for excess travel.
- The practice employed a phlebotomist enabling patients to have blood tests done without the need to travel elsewhere.
- One of the GPs had a special interest in drug and alcohol misuse. They provided focussed care for patients requiring this and worked as mentor for other doctors, police, nurses and students on substance misuse.

Access to the service

Appointments could be booked up to four weeks in advance with GPs and nurses. Urgent appointments were available for people that needed them, as well as telephone appointments. Online appointments were available to book up to one month in advance. Patients could be seen at either practice site. Telephone triage was undertaken by GPs.

- Danbury Medical Centre was open between 8am and 6.30pm Monday and Friday with extended hours' appointments available on Monday evenings from 6.30pm to 8pm and Friday mornings from 7am to 8am.
- Mountbatten House surgery was open 8am to 1pm and then 2pm to 6.30pm Monday to Friday.

Results from the national GP patient survey, published in July 2017, showed that patients' satisfaction with how they could access care and treatment was generally below local and national averages.

- 45% of patients said they could get through easily to the practice by phone compared to the CCG average of 56% and the national average of 71%.
- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 69% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.

Are services responsive to people's needs?

(for example, to feedback?)

- 59% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 49% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

The practice were aware of their below average performance on the survey. The practice explained that this was partly due to challenges and consequent changes in leadership over the last year, predominantly at the Mountbatten site. As a result, the practice had undertaken their own survey in August and September 2017 focussing on telephone access, waiting times and opening times. This survey had been undertaken by 34 patients of which 18 found it 'fairly easy' or 'very easy' to get through on the phone at 8am, 13 patients found getting through on the phone at 8am 'not at all easy' or 'not very easy'. Three patients hadn't tried. 24 patients commented that they 'don't normally have to wait too long when attending appointments' whereas 10 patients felt they 'had to wait a bit too long' or 'far too long'.

The practice team explained that as a result of the patient survey and their own survey they had made, and were considering further solutions to improve the performance. Since the survey outcome the practice had at the Mountbatten location:

- extended its appointment availability by two weeks to four weeks overall,
- introduced an additional 62 GP appointments per week,
- increased nursing hours by 12.5 hours per week,
- increased health care assistant hours by 10 hours per week.

The provider explained that since absorbing the Mountbatten location into their practice they had improved access for patients at that location to specialist services previously unavailable.

Including in-house ultrasound services, minor surgery, gynaecological services and dermatology services. At the Danbury site the provider had introduced an additional 30 hours of nursing provision and recruited additional GPs.

Patients and comment cards informed us on the day of the inspection that they were able to get urgent appointments when they needed them but that routine appointments required booking well in advance. They also commented that telephone access could be difficult with lengthy waits on the telephone. For those patients calling for an appointment the practice had a triage system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The reception team worked alongside a doctor to triage the calls. There was a protocol for reception staff to follow and call handler training had been provided in house. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There were designated responsible persons who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and there was information available on the practice's website.

The practice had received 17 complaints in the last 6 months and we found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. An analysis of trends and action was taken as a result to improve the quality of care. For example, appointment booking availability was changed from 2 to 4 weeks in advance. There was no system in place that lessons learnt from individual concerns and complaints were shared with other staff or stakeholders.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a vision to 'ensure high quality, safe and effective services', 'to provide healthcare which is available to the whole population' and 'to improve clinical governance and evidenced based practice' amongst other objectives.
- The leadership team had accounted for necessary changes in the practice's future, such as the need for recruitment in the case of retirement of staff.
- The practice was a training and research practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, including long term condition management.
- Members of staff were able to work at both sites.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held which provided an opportunity for management to discuss performance and other matters. The practice also held regular meetings where staff from both sites attended to ensure improvements and strategies were carried out across all sites. Meetings took place for teams in the practice, for example, nursing and reception teams met quarterly. Although we noted that meetings between GPs were not always recorded.
- The practice had a comprehensive audit programme that reflected current evidence based guidelines to review performance and make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some improvement was required. For example, monitoring of equipment expiry dates required improvement.

- The practice maintained standards of cleanliness and hygiene. However, some of these standards needed improving.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Many staff commented that they were a close knit team that, despite high work pressures, worked well together and felt supported by the leadership team. Staff felt informed of any changes and involved in the development of the practices.

We met with representatives of the local commissioning bodies who commented positively on their interactions with the practice. They praised the practice approach to new primary care models following the merger in early 2015 with the branch practice. They also commented that the practice was considered a model practice for the area and were proactive in their care delivery. They had not experienced any recent difficulties in performance but were aware of recent leadership challenges and changes that had impacted on patient list size; approximately 100 patients had left the practice around March 2017 as a result of leadership changes and changes in the prescribing policy.

A salaried GP at the practice was also the chair of the local CCG and the regional strategy lead.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The leadership team encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, detailed information and a verbal and written apology.

Are services well-led?

Good 

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

- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and recorded a range of multi-disciplinary meetings including meetings to monitor vulnerable patients. GPs met regularly with health visitors to monitor vulnerable families and safeguarding concerns, although this schedule had experienced a two month gap prior to our inspection due to the summer holiday period and changes in the health visiting team. The safeguarding lead, who was also active as safeguarding lead in the CCG, ensured us they continued to monitor and discuss vulnerable patients.
- Staff told us the practice held regular team meetings for the administration, nursing and GP teams. The practice also held 'journal club' meetings regularly where all staff could discuss events across both sites.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff reported good communication within the practice management.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients provided feedback to the practice through the patient participation group (PPG) and through surveys and complaints. There was also a comment box available for patients to leave comments and suggestions. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the practice had held information sessions about certain health conditions after discussion with the PPG. The meetings were always attended by the practice manager and a GP. The practice also worked closely with a patient involvement group (PIG) that worked with practices in the area to improve patient engagement and raise funds.

- Responses on patient satisfaction in the national GP Patient Survey and the practice's own survey indicated that patients occasionally experienced difficulties in getting through to the practice to make a routine appointment with a clinician of their choice. It was also apparent that getting through on the telephone to make an appointment could be problematic. The practice had increased its appointment's availability by two weeks and undertook telephone triage but was aware of these concerns.
- Staff through regular team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and that the leadership team operated an open door policy.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were keen to upskill members of staff where possible. For example, two nurses were being trained to complete nurse practitioner and/or long term conditions' training. Staff reported training was encouraged.

The practice was a training practice and had five registrars (doctors training to become GPs) working at the time of our inspection. We spoke with one of the registrars who informed us they received good support and that the practice was open to their suggestions. For example, by implementing GP buddy systems and providing administration support to registrars.

The practice was also a research practice and was participating with research studies at the time of our inspection. For example, ANTLER, a study to see if people with stable depression can stop taking anti-depressants. This was ongoing at the time of inspection and the practice had identified 250 patients who they were in the process of recruiting for the study.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The equipment being used to care for and treat service users was not safe for use. In particular: <ul style="list-style-type: none">Some clinical equipment items were found to be out of date.