

Donneybrook Medical Centre

Quality Report

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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.

Summary of findings

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Summary of findings

Overall summary

Donneybrook Medical Centre operates a weekday service for patients in the Hyde, GeeCross, Newton, Dukinfield, Denton, Godley and Hattersley area. Donneybrook Medical Centre provides an extended service so opens at 7.00am one day a week and closes at 6.00pm five days a week. The surgery is responsible for providing primary care, which includes travel vaccinations, family planning, well woman and well man clinics, cervical smears, smoking cessation and asthma clinics. The practice is registered with the Care Quality Commission to deliver the following regulated activities:

- diagnostic and screening procedures
- family planning
- maternity and midwifery services
- surgical procedures
- treatment of disease, disorder or injury.

The patients we spoke with and who completed our comment cards were very complimentary about the care

provided by clinical and non-clinical staff. They said they are always treated with respect and the GPs are attentive and patient. They said that overall, the reception staff are friendly and helpful. Patients told us they have enough time during their consultation to talk about their health issues and their GP is attentive to their care needs. Patients confirmed they are involved in making decisions about their care and their GP explains everything about their treatments in a way they can understand.

The practice has good systems in place to safeguard patients from the possible risk of abuse and harm.

Staff spoken with said they enjoy their work and feel well supported in their role.

Improvements are needed to the records kept about complaint investigations, staff personnel files and the way medicines are checked and stored.

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 service was safe. The care provided to patients was safe and the practice had learnt when things go wrong and improved safety standards as a result of this. Equipment was available in the case of medical emergencies. Systems were in place to prevent the spread of infection. Medicines were not stored securely. The provider had taken action to ensure patients were protected from abuse and harm.

Are services effective?

The service was effective. Patients care needs were assessed and care and treatment was provided in line with current legislation and achieved good outcomes for patients. Staffing levels were suitable for the number of patients registered at the service. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed.

Are services caring?

The service was caring. The patients we spoke with and the comment cards we reviewed were generally positive about the care provided. Patients told us that the staff were kind and caring. They told us the doctors always treated them with respect and explained their treatment in a way they could understand.

Are services responsive to people's needs?

The service was responsive to people's needs. The provider had a clear complaints policy and told us they responded appropriately to complaints about the service. However there was little documentation in place to demonstrate complaints had been investigated in a timely manner. The practice was proactive in seeking the views of patients and it responded to these suggestions to improve the service.

Are services well-led?

The service was well led. Staff who worked at the practice described a supportive environment which provided opportunities for continuous professional development. There were arrangements in place to learn from incidents and these were shared with staff. The provider had a well-established patient participation group and people from this group told us they were actively involved in ensuring patient centered approaches to care were at the forefront for the practice.

Summary of findings

What people who use the service say

The patients we spoke with were all older people so did not accurately represent the overall patient group.

All of the patients we spoke with said they were happy with the service they received. They confirmed they felt safe when they used the service. Patients told us they were happy with the way urgent care was provided. One patient told us how quickly their relative was referred to hospital following a home visit. The patients confirmed they were treated with dignity and respect by both clinical and non-clinical staff. A lot of patients commented that the GPs were very attentive and patient. One patient told us how supportive the staff had been when their relative had passed away at home. Patients told us they had enough time during their

consultation to talk about the issues that concerned them, and they were involved in making decisions about their health care. Patients told us they found the reception staff to be very friendly and helpful.

Comment cards that had been left by the CQC to enable patients to record their view of the service were generally positive. Concerns were raised about obtaining repeat prescriptions and getting an appointment.

There was an active Patient Participation Group (PPG) at the surgery. A PPG is a way for patients and GP surgeries to work together to improve services, promote health and improve quality of care. The PPG group had been in existence for six months. The group met every month with the practice manager to discuss issues relating to the running of the practice and patient care.

Donneybrook Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP, a specialist with experience working as a practice manager and an expert by experience. Experts by experience are people who have experience of using or caring for someone who uses health and/or social care services.

Background to Donneybrook Medical Centre

Donneybrook Medical Centre is situated in Hyde, Greater Manchester and provides a weekday service for over 9450 patients. All services are provided from this location. The practice offers extended services on Monday mornings and opens at 7.00am. The surgery is responsible for providing primary care, which includes travel vaccinations, family planning, well-women and well-men clinics, cervical smears and smoking cessation and asthma clinics. Out of hours provision was provided by GotoDoc.

The practice employs five GPs along with a nursing team which includes a nurse practitioner, an assistant nurse practitioner, three practice nurses and a phlebotomist. The practice also has a reception team which includes a practice manager, a reception supervision, nine receptionists and ten administrative staff.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting Donneybrook Medical Centre we carried out an analysis of data from our Intelligent Monitoring system. This did not highlight any significant areas of risk across the five key question areas. As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us.

We carried out an announced visit on 20 May 2014 between 10am and 5pm.

During our visit we spoke with a range of staff, including one GP, three nurses, the practice manager and four receptionists. We reviewed all areas that the practice operated, including the administrative areas.

Detailed findings

We held a listening event, spoke with five patients who used the service and reviewed six CQC comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Summary of findings

The service was safe. The care provided to patients was safe and the practice had learnt when things go wrong and improved safety standards as a result of this. Equipment was available in the case of medical emergencies. Systems were in place to prevent the spread of infection. Medicines were not stored securely. The provider had taken action to ensure patients were protected from abuse and harm.

Our findings

Safe Patient Care

One of the GPs took responsibility for clinical audits, action plans and evidence of learning. Other GPs took responsibility for their own audits particularly as part of their own appraisal and revalidation. The practice had completed an audit for safeguarding children. As a result of this had changed their practice to improve record keeping. A minor surgery audit was planned to look at outcomes, complications and how to ensure patient safety.

Learning from Incidents

All staff could report an incident or significant event and a record of these events was kept by the practice manager. Incidents and events were discussed with GPs and clinical staff during a weekly meeting. The practice had learnt when things go wrong and immediate actions were taken to ensure patient safety. There was evidence that staff had discussed and learnt from the issues raised and practices had developed as a result of this learning. Minutes of these meetings were not always kept. The practice manager agreed to address this matter to ensure the issues talked about were monitored for changes to practice.

Safeguarding

The practice had taken action to ensure patients were protected from abuse and harm. The provider took responsibility for managing safeguarding referrals and all GPs had the safeguarding telephone number on their own phone as well as it being kept with reception staff. There was a safeguarding training programme for staff run by the local Clinical Commissioning Group. A policy was in place which provided staff with information and guidance on how to manage safeguarding referrals correctly. The staff we spoke with demonstrated an understanding of the different types of abuse that could occur and what they would do if they suspected a patient was at risk of harm. Staff knew to report concerns to the GP who took responsibility for managing safeguarding referrals or the practice manager in their absence. Staff were trained to the appropriate level on how to safeguard vulnerable adults and children from abuse. Staff understood the meaning of whistle blowing which further ensured patients' safety and welfare.

The IT system highlighted any patients who may be vulnerable to the risk of harm so staff could be extra vigilant in their observations.

Are services safe?

Monitoring Safety & Responding to Risk

Staff were trained in health and safety including how to deal with a patient who needed resuscitation. The staffing balance was appropriate for the number of patients registered at the practice. The practice had experienced some difficulties in recruiting a GP recently. This resulted in the use of a locum GP which addressed the situation in the interim. A patient survey published in 2013 highlighted a problem in patients accessing the service. This has now been addressed through the provision of an extended service from all GPs each Monday morning, and the recruitment of another GP who was designated to deal with emergencies or home visit requests that arose after midday.

Medicines Management

Medicines were not stored safely. The medicines store room was not locked, nor was the fridge in one of the nurse treatment rooms which stored vaccines even though the key was in the fridge door. We asked for this matter to be addressed immediately as members of the public and patients could access this area. The provider has since informed us that this issue has been addressed with the staff team and medicines are now stored securely.

We were told that medicines were checked regularly and a record of the checks was kept. Staff were unable to clarify who took responsibility for these checks and a record of checks could not be located easily, although it was eventually found. The record included a list of medicines and expiry dates which corresponded with the medicines checked, however the information recorded was confusing and it was not possible to audit this information properly.

The patients we spoke with said they were happy with the way their prescriptions were handled and patients who used repeat prescriptions said the system in place worked well.

Cleanliness & Infection Control

The patients we spoke with said the surgery was clean and tidy when they visited. One person described the surgery as a 'good clean environment'. We observed the practice to be clean and tidy on the day of our visit.

Staff spoken with told us there was always a good supply of protective equipment such as gloves and aprons. Hand sanitizing gel was available around the surgery to promote good hand hygiene and hand washing notices were clearly displayed around the building.

Systems were in place to prevent the spread of infection and staff were trained in infection control to ensure they were aware of their responsibilities and knew how to work safely. Infection control policies and procedure were in place to support staff in their role.

The service had domestic support throughout the day to ensure good standards of cleanliness were maintained throughout the surgery. While clinical rooms were generally clean and tidy, some were cluttered and boxes and other items were stored on the floor which would make it difficult to clean.

One of the nursing staff had been appointed to take responsibility for infection control throughout the surgery. They were responsible for training staff and promoting hand washing. They also had responsibility for ensuring all staff were aware of the surgery's supporting policies and procedures.

Wall mounted bins for the disposal of needles were in place to protect patients and staff from the dangers associated with the disposal of sharp implements. A contract with a waste disposal company was in place for the disposal of waste products.

Guidance was in place about how to manage a needle stick injury should one occur. This further protected staff and patients from the risk of harm.

Staffing & Recruitment

There was a clear recruitment and selection policy in place. This provided staff with guidance and information on how to ensure the staff employed at the practice were suitably qualified and competent to carry out their role. Staff were interviewed for their post by two senior staff and appropriate pre-employment checks were completed before they started working at the practice. Through discussion with the practice manager, we established that while the policy guidance had been followed when recruiting staff, the records we looked at were disorganised and at times, little information had been recorded such as interview notes. This made it difficult to audit the information properly. We discussed this with the practice manager who acknowledged the importance of keeping good records in order to demonstrate clearly the procedure that had been followed when recruiting staff.

Are services safe?

The records we looked at indicated that reception staff were provided with induction training when they were first employed which meant they were aware of their responsibilities and knew what was expected of them.

Dealing with Emergencies

There was a detailed business continuity plan in place to deal with emergencies that might interrupt the smooth running of the service such as power cuts and adverse weather conditions. This provided staff with information on what to do in the event of an emergency at the practice and included the contact details of staff, utility providers, and other support agencies within the community.

Equipment

A defibrillator and oxygen was available for use in a medical emergency. We were told that this equipment was checked regularly for faults and monitoring when it was used. However, no record of the check was in place.

A log of maintenance of clinical/emergency equipment was in place. A note was made of faults and repaired or replaced equipment. We saw that equipment had been tested and the practice had contracts in place for portable appliance tests (PAT) to be completed on an annual basis and for the routine servicing and calibration, where needed, of equipment. The last PAT testing was completed in 2008.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective. Patients care needs were assessed and care and treatment was provided in line with current legislation and achieved good outcomes for patients. Staffing levels were suitable for the number of patients registered at the service. Staff were proactive in promoting good health and referrals were made to other agencies to ensure patients received the treatments they needed.

Our findings

Promoting Best Practice

GPs undertook regular training including that provided by the Clinical Commissioning Group (CCG). This kept them up to date with how to promote best practice. GPs and nursing staff met weekly to talk about individual patient's care needs. Treatment options were discussed to ensure best practice was promoted and followed.

Patients' needs were assessed and care and treatment was delivered in line with current legislation and guidance. GPs were familiar with and used current best practice guidance. Nation Institute of Health and Care Excellence (NICE) guidelines and protocols were followed where possible. NICE is the independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

The practice participated in the Quality and Outcomes Framework (QOF) system. This was used to monitor the quality of services in the practice. Records showed high achievement in specific groups and in particular diabetes care, which was exemplary.

The practice told us they incorporated the use of the Mental Capacity Act 2005 into everyday practice for people who were unable to consent.

Management, monitoring and improving outcomes for people

The practice had a variety of mechanisms in place to monitor the performance of the practice and the clinicians adhered to best practice. These included the use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff.

Staff told us they openly raised and shared concerns about clinical performance and anything they felt was important to them.

Clinical staff told us they completed regular NHS health checks to identify potential health conditions. This meant they had opportunity to work with the patients on how to manage these conditions proactively.

The national patient survey for 2012 / 2013 indicated that people were generally unhappy with the standard of the service provided. However the practice had taken steps to improve the service and this was reflected in patients' comments made on the NHS website for 2014. The

Are services effective?

(for example, treatment is effective)

comments indicated that patients were overwhelmingly happy with the service provided. Patients' comments related primarily to the improvements that had been made to the service. Two comments raised concerns about the poor attitude of reception staff and the difficulty in getting an appointment after 4.30pm due to work commitments. Improvement to the service was further reinforced by the practice's own survey which indicated that '71 % of patients rated the service as good, very good and excellent'. Some patients rated the service as 'fair' and 'poor'.

Staffing

We were told that all staff received an annual appraisal of their work during which time their learning needs were identified. Records indicated however, a training and development plan was not always in place to support staff with their development. Staff appraisals with nurses were completed by the practice manager alongside a GP to ensure clinical practice and non clinical work could be given equal weight.

Induction training was provided to reception staff so they were aware of their responsibilities and knew what was expected of them.

Working with other services

We found that GP's, nurse and health care assistants at the practice worked well as a team and there was proactive engagement with other health and social care providers to meet patients' care needs. A drug addiction clinic was held at the practice. This service was run by the practice and a worker from the a local drug service. The practice told us the out of hours provider used by the practice worked well and no issues of concern were raised. The GPs worked closely with community services and monthly meetings were held with district nurses and Macmillan nurse. This

was an opportunity for health care professionals to share information and ensure they were up to date with patients' care needs and plans. Patients were referred to community services as necessary.

Health Promotion & Prevention

Newly registered patients were offered a health check with one of the nursing team so they had a picture of the patient's current health. The health check would assess, amongst other things, a patient's clinical history, blood pressure, weight and details around their smoking and alcohol routines. Patients were offered support or treatments as necessary. A copy of the practice leaflet was given to new patients. The leaflet provided information about keeping healthy and advice on how to deal with some health issues that may not require a visit to the doctor.

The practice held regular clinics for a variety of services including healthy eating, smoking cessation and substance abuse. The practice was looking to developing an obesity clinic.

One of the GPs at the surgery took responsibility for managing services for patients with diabetes. Along with the nursing team, they were planning a diabetes event for patients. This was also open to people living in the local the community. The purpose of this event was to highlight diabetes and treatments and provide information about keeping healthy. This event was open to other surgeries in the area in order to provide an opportunity to share information and to talk about best practice.

The patient waiting area displayed a limited range of information and health promotion literature to keep patients informed about the services provided at the practice. A television monitor was also in place to provide this type of information.

Are services caring?

Summary of findings

The service was caring. The patients we spoke with and the comment cards we reviewed were generally positive about the care provided. Patients told us that the staff were kind and caring. They told us the doctors always treated them with respect and explained their treatment in a way they could understand.

Our findings

Respect, Dignity, Compassion & Empathy

All of the patients we spoke with said they were happy with the service they received. One patient said, 'Having been with the practice for over 40 years indicates that in general I am really pleased with the quality of care'. Another patient told us, 'When my mother in law died, staff from the surgery came to her home every day to honour her wish to die at home. The surgery was extremely supportive and couldn't have done more in terms of co coordinating end of life care at home'. A further patient said, 'I am definitely treated with dignity and respect especially by my GP. They are very attentive and patient. The diabetes specialist nurse is excellent'.

We spoke with patients about the reception staff and how they felt they were dealt with. One patient told us, 'Certain individuals can be brusque on the odd day, but usually they go out of their way to be helpful'. Another patient described the reception staff as 'very helpful and co-operative'. Comment cards had been left by the CQC to enable patients to record their view of the service. One patient described some reception staff as 'outright rude'.

We observed that the reception staff had good communication and interpersonal skills with patients. A queuing / barrier system had been put in place to provide some privacy for patients when speaking with reception staff.

The staff we spoke with took their responsibilities seriously and wanted the best for the patients who used the surgery.

A chaperone service was available to patients. However information about this service was not displayed in the patient waiting area. Staff were trained as chaperones so they were aware of their role and responsibilities. Patients told us they knew a chaperone service was available and had been offered a chaperone when necessary. Patients said they felt safe when they used the service. One patient we spoke with said, 'No need for a chaperone because the surgery is a safe environment'. Another patient told us, 'This is a perfectly safe environment therefore there is no need for a chaperone'.

Involvement in decisions and consent

We talked to patients about whether they had enough time during their consultation to talk about the issues that concerned them. One patient said, 'There is ample time

Are services caring?

allocated to my appointment, but sometimes there is a wait and the appointment time is delayed'. Another patient told us, 'I get plenty of time with the GP, they are very patient'. A further patient told us they always had enough time during their consultation and their GP gave real attention to detail. They added they were always treated with dignity and respect.

We talked with patients about whether they were involved in the decision making process about their health care

issues and whether the GP asked them to consent to treatments. Patients spoken with said they were always involved in making decisions about their health care needs and their GP always asked them to consent to treatments. One patient told us their consultation was detailed 'with a clear explanation given about treatments and medication'. Another patient said, 'Medication prescribed to me was well explained and risks were considered'.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive to people's needs. The practice had a clear complaints policy and told us they responded appropriately to complaints about the service. However there was little documentation in place to demonstrate complaints had been investigated in a timely manner. The practice was proactive in seeking the views of patients and it responded to these suggestions to improve the service.

Our findings

Responding to and meeting people's needs

There was a 24 hour appointment booking system available through the surgery website. The surgery offered appointments from 7am one day a week. An on line booking system was not available. Comment cards had been left by the CQC to enable patients to record their view of the service. One person commented that the Monday to Friday access to the surgery was very helpful, though having to queue before 7am was a little daunting.

Some staff had completed a basic deafness awareness training course to support patients who were hard of hearing.

We spoke with patients about how staff dealt with matters that needed an urgent response. One of the patients told us, 'I received excellent treatment when my relative was very ill at home. The GP arrived very quickly following a request for a home visit and referred my relative to hospital immediately. No complaints at all, a very kind group of people'.

Access to the service

The practice was accessible to patients with mobility difficulties and there were also toilets for disabled patients. Staff had access to a translation services for patients whose first language was not English.

We spoke with two patients whose first language was not English. They told us that even though their English was not good, the staff went out of their way to help them. All of the information displayed in the patient waiting area was in English even though we were informed that a small percentage of the patient group were of minority ethnic origin.

The practice's website provided a wide range of information to for patients including links to other websites and agencies for further information. The website could be easily changed to a different language to help patients whose first language was not English.

All of the patients we spoke with said it was easy to get an appointment when they wanted, although they commented this was not always with a GP of their choice. Most patients commented this was not a problem. Patients commented that urgent and same day appointments were available when needed.

Are services responsive to people's needs?

(for example, to feedback?)

Comment cards had been left by the CQC to enable patients to record their view of the service. One person commented it was 'impossible' to get an appointment. Another patient commented that the internet appointment and prescription system had been a great enhancement to the practice'.

Concerns & Complaints

A complaint procedure was in place and staff spoken with knew what to do if a patient wanted to raise a concern about the service they received. A copy of the complaint procedure was displayed in the patient waiting area. The typeface was very small which made it difficult to read.

The patients we spoke with knew what to do if they wanted to make a complaint. Most said they would speak directly to the practice manager.

The practice manager had identified common themes amongst the complaints received. These included, trying to telephone through to the surgery to book an appointment and poor attitude of some reception staff. The practice had tried to resolve this matter by having more staff available in the mornings.

We looked at the records kept about complaints received. Complaints were not held individually, rather in one folder which meant patients' confidentiality was not adhered to. It was the practice manager's responsibility to investigate complaints. We were told that complaints received had been investigated and closed. However, documentation was not always in place to demonstrate the details of complaint investigations such as telephone calls with patients or third parties.

Are services well-led?

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

Summary of findings

The service was well led. Staff who worked at the practice described a supportive environment which provided opportunities for continuous professional development. There were arrangements in place to learn from incidents and these were shared with staff. The practice had a well-established patient participation group and people from this group told us they were actively involved in ensuring patient centred approaches to care were at the forefront for the practice.

Our findings

Leadership & Culture

The leadership at Donneybrook Medical centre is good and staff told us they found the leadership was visible and accessible. They told us that there was an open culture that encouraged the sharing of information and learning.

Staff described the culture of the practice as supportive. They spoke positively about the induction training, opportunities for continuing professional development and performance management of staff.

There was a clear vision and strategy to deliver good quality care and promote good outcomes for patients. Patients spoken with during the inspection were generally happy with the standard of care they received.

The leadership and culture within the practice reflected its vision and values and encouraged openness and transparency to promote good quality care. They did this by striving for improvement and listening to patient and staff ideas.

Governance Arrangements

Clinical governance was built into the practice meetings which were held each week. The provider was the link to the local Clinical Commissioning Group (CCG), although regular meetings with the CCG were not held.

The governance arrangements ensured that responsibilities within the staff team were clear, quality and performance were regularly considered and risks were identified, understood and managed.

Patient and staff comments were discussed during team meetings and action were considered if feasible.

Systems to Monitor and Improve Quality & improvement

While systems were in place to monitor aspects of the service, sometimes there was a lack of documentation in place to demonstrate that this had been done along with details of what had actually been checked. We discussed this issue with the practice manager and they agreed that record keeping needed to be improved to ensure standards of care were monitored and improved where necessary.

Are services well-led?

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

Comment cards had been left by the CQC to enable patients to record their view of the service. Concerns were raised about obtaining repeat prescriptions. One patient commented that mistakes were often made and information got lost.

Patient Experience & Involvement

There was an active Patient Participation Group (PPG) at the practice. A PPG is a way for patients and GP surgeries to work together to improve services, promote health and improve quality of care. The PPG group had been in existence for six months. It met every month with the practice manager to discuss issues relating to the running of the practice and patient care. We were informed that minutes of these meetings were not taken and it was not clear how patients influenced the agenda. We spoke with the chair and secretary of the PPG who confirmed they had the support of the GPs and nursing staff.

One of the GPs, members of the nursing team and the PPG were in the process of organising a Diabetes Event. The aims of the event was to highlight diabetes treatments and encourage more patients to become involved in the PPG. All parties were very keen to promote the PPG in order to use it as a way to share best practice and promote good health through these types of events. The PPG members were aware that the practice website could be used more effectively to promote the PPG and also that information was not produced for patients whose first language was not English. We spoke with patients about their knowledge of the PPG. Four patients told us they not aware the PPG existed.

There was a notice displayed in the patient waiting area about the PPG. The notice did not explain about its activities or how to become a member.

Staff Engagement & Involvement

Staff spoken with said they enjoyed their work. They told us they were well supported by the senior staff who encouraged an environment of open discussion and joint working. Staff were clear on their roles and responsibilities which meant patients received a safe level of care and treatment. Staff met with their line manager regularly to discuss their work, training needs and development in their role. This gave staff an opportunity to talk about the things that were important to them and contribute to the development of the service.

Regular staff team meetings took place. Full practice team meetings did not take place. Staff told us that they felt comfortable contributing to the meetings and putting forward their views on the way the service was run and matters relating to patient care. Minutes of the meetings with the GPs and the nursing team were kept for the purpose recording matters discussed and any actions identified. However, no minutes had been taken of the last two reception team meetings. The practice manager was aware that all meetings should be minuted to ensure good communication amongst the staff team. She also acknowledged that full practice meetings should take place so the whole team was informed of issues relating to the running of the practice.

Learning & Improvement

The practice took time out to review and thereby improve its performance. All staff received regular training which enabled them to acquire further skills and qualifications relevant to the work they undertook. This training was provided in-house by senior staff and by the local CCG. The staff we spoke with said they felt well supported with their training needs. A member of the nursing team told us they ran a diabetes clinic and training had been provided to ensure they could carry out their role effectively. Another member of staff gave an example of how staff had met to talk about an incident that had occurred when a patient had become verbally aggressive. They explained that the staff team and GPs had met informally to talk about the incident and to discuss whether any changes needed to be made to current practices.

Staff had an opportunity to talk about their training needs during their annual appraisal. A record was kept of the mandatory training they had completed but not their developmental training. The practice manager agreed to ensure the training records were updated to include details of all staff training.

Identification & Management of Risk

Staff confirmed they had access to a range of policies and procedures relating to the running of the practice so they were aware of their responsibilities and knew what was expected of them with regard to providing safe care. Policy documents were reviewed annually to ensure they reflected changing care practices and current guidelines.

The practice manager and senior staff monitored potential risks to patients and a business continuity plan was in place to deal with unforeseen eventualities.