

Stanmore Medical Group

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.

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?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stanmore Medical Group on 12 January 2017. Overall the practice is rated as requires improvement.

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

- The practice had systems and processes in place to safeguard patients from abuse. There were protocols in place to review children who had not attended for hospital appointments, and to identify children who may be at risk of domestic violence or neglect (for example those with frequent attendances at Accident and Emergency).
- We checked a sample of recent alerts and found that the practice had not consistently taken action as a result of safety alerts.
- Not all patients who were prescribed high risk medicines were being monitored consistently.
- Staff we spoke with knew what to do in the event of a medical emergency and there was a suitable procedure in place which listed the emergency medicines in supply, but we found that one emergency medicine was missing on the day of the inspection. One member of non clinical staff did not have up to date basic life support training.
- The practice had a system to report and record incidents and significant events. Changes were implemented to prevent incidents happening again.
- Staff had access to up to date evidence based guidance and used this information to deliver care and treatment that met patients' needs.
- Staff we spoke with during the inspection demonstrated that they had the skills, knowledge and experience to deliver effective care and treatment but the practice was not up to date with all staff training at the time of our inspection.
- Results from the National GP Patient Survey published in July 2016 showed that the practice's performance in patient satisfaction was mixed, with results slightly

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lower than average in relation to GP consultations. Patient comment cards collected in the two weeks prior to the inspection were positive about the standard of care delivered.

- We observed staff to be kind and helpful to patients and to treat them with dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice offered a good level of access to appointments, which were also available during extended hours and over the telephone. There was a dedicated call centre on the premises. Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was in line with or in some areas significantly higher than both local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients.

- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had implemented a community cancer care clinic with support from Macmillan Cancer Support. Clinics were held every Monday for people with cancer in the Stevenage area, and offered advice, counselling and pain management.

The areas where the provider must make improvements are:

- Ensure the system for managing high risk medicines is effective and keeps patients safe.
- Review and strengthen its overall system for monitoring responses to safety alerts to ensure that any required actions are addressed.

In addition the provider should:

- Review training systems to ensure staff are up to date in areas such as basic life support.
- Continue to encourage patient s to engage with the national screening programme for breast cancer.

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



- The practice had systems and processes in place to safeguard patients from abuse. The lead safeguarding GP was one month overdue for annual training to the required level in children's safeguarding on the day of the inspection. The practice subsequently provided a certificate showing that the GP had completed this.
- There were protocols in place to review children who had not attended for hospital appointments and children who had repeated attendances at Accident and Emergency.
- We checked a sample of recent alerts and found that the practice had not consistently taken action as a result of one recent safety alert.
- Not all patients who were prescribed high risk medicines were being monitored consistently.
- Staff we spoke with knew what to do in the event of a medical emergency and there was a suitable procedure in place which listed the emergency medicines in supply. One member of non clinical staff did not have up to date basic life support training.
- The practice had a system to report and record incidents and significant events. Changes were implemented to prevent incidents happening again.
- When things went wrong with care and treatment the practice took action to notify the patients involved and offer support if appropriate. Patients received a written apology within a reasonable timeframe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff had access to up to date evidence based guidance and used this information to deliver care and treatment that met patients' needs.
- We saw evidence that the practice used clinical audits to improve the quality of care.
- Staff we spoke with during the inspection demonstrated that they had the skills, knowledge and experience to deliver

Summary of findings

effective care and treatment but the practice was not up to date with all staff training at the time of our inspection. One member of non-clinical staff had not had training in basic life support for over two years.

- Staff communicated well as a team and there was evidence of annual appraisals for all staff.
- There was a commitment to collaborating with healthcare professionals from external services to understand and meet patients' needs.
- The service was aware of its obligations regarding consent and confidentiality.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were lower than CCG and national averages in breast cancer screening.

Are services caring?

The practice is rated as good for providing caring services.

- Results from the National GP Patient Survey published in July 2016 showed that the practice's performance in patient satisfaction was mixed, with results slightly lower than average in GP consultations.
- We observed staff to be kind and helpful to patients and to treat them with dignity and respect.
- The Patient Participation Group (PPG) members we interviewed and patient comment cards we reviewed told us they found staff compassionate and helpful. We spoke with staff at two local care homes, who described the service the practice provided to people as very good.
- Information for patients about the services available was easy to understand and accessible.
- The practice offered additional services to carers such as a free annual flu vaccination and health check.

Good



Are services responsive to people's needs?

The practice is rated as good 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 to secure improvements to services where these were identified.
- The practice offered telephone consultations and appointments outside normal hours to assist those unable to attend at these times. Longer appointments were available for patients who required these and a number of same day appointments were provided for children and urgent cases.

Good



Summary of findings

- Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was in line with or in some areas significantly higher than both local and national averages.
- Information was available to help patients understand the complaints system. There was a complaints policy leaflet on display on the reception desk. The practice shared complaints and learning points with staff to improve services to patients.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The processes in place for managing risks were not always working effectively to adequately protect patients from the risk of harm. For example in relation to monitoring actions taken in respect of safety alerts, ensuring the training systems in place kept all staff up to date and reviewing patients who were prescribed high risk medicines.
- The practice had a mission statement and a supporting set of values. Staff were familiar with these and worked in a way that supported them. There was a comprehensive supporting business plan which clearly identified the future direction of the practice.
- Staff were clear about their roles and responsibilities and knew who clinical and non-clinical leads were.
- Staff told us the practice held regular team, team leader and clinical meetings. There was an overarching communication structure in place to share information between teams and disseminate information in both directions. Staff felt that the practice culture was open and friendly, and they were encouraged to raise issues.
- The practice was aware of the requirements of the duty of candour and systems were in place to ensure compliance with this. There was a culture of openness and accountability.
- The practice had a proactive approach to seeking feedback from staff and patients.

Requires improvement



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 is rated as requires improvement for safe and well led. The issues identified as requiring improvement affected all patients including this population group. There were also examples of good practice.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had older patients who lived in two local care homes. Staff at both care homes described the service the practice provided to people as very good. Each care home told us they received a dedicated weekly visit from a named GP. We were told that the GPs were responsive to requests for home visits or advice and offered proactive compassionate care.
- The practice maintained a register of those older people at high risk of hospital admission and carried out care planning and frequent reviews as a preventative measure.
- The practice had a dedicated over 75s nurse who carried out health checks and made home visits to this group of patients. The nurse also liaised with local support services including Age Concern.
- The practice had adopted the Gold Standards Framework for end of life care and held frequent palliative care meetings with district nurses.

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 is rated as requires improvement for safe and well led. The issues identified as requiring improvement affected all patients including this population group. There were also examples of good practice.

- Not all patients who were prescribed high risk medicines were being monitored consistently.
- Performance for diabetes related indicators was in line with or lower than local and national averages. For example, 67% of patients had a blood glucose measurement within the target range in the previous 12 months, which was lower than the CCG average of 76% and the national average of 78%. 75% of patients with diabetes had a blood pressure reading within the

Requires improvement



Summary of findings

acceptable range, in line with the CCG average of 76% and the national average of 78%. The practice was in the process of introducing a traffic light system to patient records to better signpost risk levels in patients with diabetes. The practice had also appointed two GPs as leads for diabetes, and had increased the number of diabetic clinics to improve access. The practice carried out three reminder contacts to patients who did not attend for appointments, using both text messaging and letters. Alerts were added to high risk diabetic patients' records, to remind GPs to carry out a diabetes review if the patient attended the practice for another reason.

- Patients could access appointments with a dietician at the practice premises every other week.
- The practice maintained registers of patients with long-term conditions and used these to monitor their health and ensure they were offered appropriate services.
- The nursing team had lead roles in chronic disease management.
- The practice ran specialist clinics and offered longer appointments for patients with long term conditions. Review appointments were coordinated for those with multiple long term conditions.
- Clinical staff engaged with healthcare professionals to provide a multidisciplinary package of care.
- The practice had implemented a community cancer care clinic with support from Macmillan Cancer Support. Clinics were held every Monday for people with cancer in the Stevenage area, and offered advice, counselling and pain management.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as requires improvement for safe and well led. The issues identified as requiring improvement affected all patients including this population group. There were also examples of good practice.

- Immunisation rates were higher than the national average for all standard childhood immunisations. There was an alert system to flag children who had missed immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- There was a children's area in reception and baby changing was made available to those who needed it.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 83% and the national average of 81%.

Requires improvement



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. Nurse appointments for cervical screening and sexual health were also available during extended hours.
- The practice offered clinics for family planning, sexual health, child health surveillance, childhood immunisations.
- Clinical staff demonstrated their understanding of Gillick competence and Fraser guidelines, and why these needed to be considered when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception, sexual health advice and treatment.

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 is rated as requires improvement for safe and well led. The issues identified as requiring improvement affected all patients including this population group. There were also examples of good practice.

- The practice offered a GP led 'Commuter's Clinic' from 7am to 8am on Wednesday and Thursday mornings for working patients who could not attend during normal opening hours.
- Extended hours appointments were also available with both doctors and nurses on Monday evening from 6.30pm to 9pm, on Wednesday evening from 6.30pm to 7.30pm, and every fourth Saturday morning from 7am to 12pm.
- Patients could access online services such as repeat prescription ordering and appointment booking.
- The practice offered a text message appointment reminder service for convenience.
- Telephone consultations were available for patients who did not feel they required a physical consultation or who had difficulty in attending the practice during opening hours.
- A full range of health promotion and screening was available, including NHS health checks for those aged 40 to 74.
- One of the nurses specialised in sexual health as well as travel health, and offered sexual health awareness advice in this context specifically for students and younger people planning to travel abroad.

Requires improvement



Summary of findings

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 is rated as requires improvement for safe and well led. The issues identified as requiring improvement affected all patients including this population group. There were also examples of good practice.

- The practice held registers of patients living in vulnerable circumstances including those with a learning disability and patients at high risk of hospital admission.
- The practice had no travellers or homeless people on their patient list at the time of our visit, but explained they would provide urgent clinical care to these groups as required. There was a patient registration protocol which allowed homeless patients to register using a temporary address belonging to a friend, relative or a day centre. Alternatively the practice address was used. Where possible the practice attempted to obtain a mobile telephone number for homeless and traveller patients, and GPs also attempted to pre-arrange return appointments.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of patients living in circumstances that made them vulnerable.
- The practice informed patients about how to access various support groups and voluntary organisations.
- The practice offered additional services to carers such as a free annual flu vaccination and health check. There was a dedicated carer's information board in the patient waiting area and a member of staff had been appointed as Carer Champion (a member of staff who supports the identification of carers, and acts as a key point of contact for carer information and as a voice for carers registered with the practice).
- A Citizens Advice Bureau open clinic was facilitated by the practice on a weekly basis. Alcohol counselling with a local service was also arranged by the practice on an individual basis.
- The practice had systems and processes in place to safeguard patients from abuse, but the lead safeguarding GP was overdue for annual training to the required level in children's safeguarding. There were protocols in place to review children who had not attended for hospital appointments, and children who had repeated attendances at Accident and Emergency.

Requires improvement



Summary of findings

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 is rated as requires improvement for safe and well led. The issues identified as requiring improvement affected all patients including this population group. There were also examples of good practice.

- The practice was responsive to the needs of patients with mental health needs and one of the GP partners was also the CCG mental health lead.
- 92% of patients diagnosed with dementia had a face to face care review in the past 12 months, compared with an average 86% in the CCG area 84% nationally.
- Performance for mental health related indicators were higher than local and national performance. For example, 97% of patients experiencing poor mental health had a comprehensive agreed care plan documented in their records, which was higher than the CCG average of 92% and the national average of 89%. 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 86% and the national average of 84%.
- The practice liaised with multi-disciplinary teams in the management of patients experiencing poor mental health and we saw that care plans were in place for those with dementia.
- The practice maintained a mental health register which it used to monitor patients and offer relevant information and services. For example, patients on the mental health register were entitled to an NHS health check.
- The practice participated in the PRIMROSE project, a research programme aimed at the prevention of cardiovascular disease in people with severe mental illnesses.

Requires improvement



Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 258 survey forms were distributed and 118 were returned. This represented a 46% completion rate and 0.5% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone, compared to the Clinical Commissioning Group (CCG) average of 63% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 78% 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 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards, 31 of which provided positive feedback about the standard of care received. Patients particularly commented that staff were friendly and helpful. Five comments cards made negative remarks about making an appointment, and two made negative comments in relation to clinical issues.

We spoke with four patients during the inspection who were also members of the Patient Participation Group. All four said they were satisfied with the care they received and thought staff were attentive and proactive.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the system for managing high risk medicines is effective and keeps patients safe.
- Review and strengthen its overall system for monitoring responses to safety alerts to ensure that any required actions are addressed.

Action the service **SHOULD** take to improve

- Review training systems to ensure staff are up to date in areas such as basic life support.
- Continue to encourage patients to engage with the national screening programme for breast cancer.

Stanmore Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Stanmore Medical Group

Stanmore Medical Group is a large practice in central Stevenage. It operates under a General Medical Services (GMS) contract with NHS England. A GMS contract is one type of contract between general practices and NHS England for delivering primary care services to local communities. The practice's main site is based at Stanmore Road which offers accessible facilities for patients with disabilities. The practice has two additional branch sites, located at the Poplars Surgery and Canterbury Way Surgery. We did not visit the branch sites as part of the inspection. Stanmore Medical Group has a current patient list size of 23,633 including a number of patients who live in two local care homes. The practice is also in the process of merging with another local practice which will become a third branch site, located at St Nicholas Health Centre and providing services to approximately 11,500 additional patients. Stanmore Medical Group is a training practice which has qualified junior doctors working under the supervision of the GPs.

The patient population demographics attending Stanmore Medical Group are broadly in line with national averages, with an above average number aged 45 to 60. Levels of social deprivation are lower than average. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the

contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, the practice offers minor surgery, extended hours access and improved services for patients at risk of or following unplanned admissions.

The clinical team includes ten GP partners (five male and five female), two male salaried GPs, five trainee GPs, eight practice nurses and one healthcare assistant. The team is supported by two practice business and development managers and a business support staff of 28 who are organised into smaller teams in reception, the practice call centre, IT, secretarial and administrative work including prescribing and Quality Outcomes Framework and Enhanced Services monitoring. The business support staff are shared across the main site and the Canterbury Way Surgery.

Stanmore Medical Group opens from 8.00am to 6.30pm from Monday to Friday. A variety of appointments are available between these times. Extended hours appointments are available with both doctors and nurses on Monday evening from 6.30pm to 9pm, on Wednesday evening from 6.30pm to 7.30pm, and every fourth Saturday morning from 7am to 12pm. There are further arrangements in place to direct patients to out-of-hours services provided by NHS 111 when the practice is closed.

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 our inspection we reviewed information we held about the practice as well as information shared with us by other organisations. We carried out an announced inspection visit on 12 January 2017.

During the inspection we:

- Spoke with staff including GPs, practice nurses, practice business and development managers and other non-clinical staff.
- Observed how patients were being cared for and spoken to.
- Reviewed comment cards where patients shared their views and experiences of the service.

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 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 an effective system in place for reporting and recording significant events.

- Staff we spoke with during the inspection told us they would escalate any incidents to their team leader or one of the practice business and development managers. There was a significant event policy and a form available to staff on the practice computer system which was used to record details of incidents.
- The practice had recorded 11 significant events during the previous year. We reviewed the practice significant event register which included details of each event including the staff involved, the actions taken, and further action required and lessons learned. We looked at two significant events in full and were satisfied that these had been properly managed and resolved.
- Where a patient was affected by an incident a practice business and development manager made contact with them to discuss the events and sent a letter of apology. The practice business and development managers were aware of 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.
- Significant events had previously been discussed with staff during monthly whole practice meetings and we saw meeting minutes to confirm this. The practice had restructured recently after merging with another local practice, as the increased number of staff meant it was no longer possible to meet with all staff at once. Instead the practice business and development managers held weekly meetings with clinical staff and administrative team leaders. Administrative team leaders were then responsible for holding meetings to disseminate information to their individual teams. The practice had also set up a significant event subcommittee which would be responsible for ensuring incidents were recorded consistently and to consider trends and learning from incidents.
- The practice received patient safety alerts issued by external agencies, such as the Medicines and Healthcare products Regulatory Agency (MHRA). One of the practice business and development managers received these and was responsible for forwarding these to the clinical

team to be actioned. The alerts were also discussed during the practice's weekly clinical meetings. The practice business and development manager maintained a written log of all alerts received but there was no clear process for ensuring that action had been taken as a result. The practice provided a Safety Alerts Protocol following the inspection which stated that alerts would be discussed at clinical policy meetings and the action taken recorded. We checked a sample of recent alerts and found that the practice had not taken action as a result of one recent safety alert, although others had been appropriately responded to. The practice had not identified and contacted patients using blood glucose testing strips following a recent alert to advise them to discontinue use of affected lot numbers. The practice provided evidence that the alert had been received, and explained that this had been considered. As the practice was unaware of the batch numbers dispensed to patients it was decided that it was the responsibility of the pharmacist to take action regarding this alert.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- The practice had made arrangements to safeguard children and vulnerable adults from abuse. The practice policies explained who to contact for further guidance if staff felt concerned about a patient's welfare, and they were easily accessible to staff. The practice's processes were in line with current legislation and local requirements. The practice had appointed one of the GP partners as the lead member of staff for safeguarding, and another as the deputy lead. The safeguarding lead and a member of the management team met with the Health Visitor to review patients of concern, as well as attending safeguarding meetings and child protection hearings, and providing reports for other agencies when needed. The practice also had protocols in place to review children who had not attended for hospital appointments, and to identify children who may be at risk of domestic violence or neglect (for example those with frequent attendances at Accident and Emergency). We spoke with staff who all demonstrated their understanding of their safeguarding responsibilities. Non-clinical staff demonstrated they understood their

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responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses had completed level three safeguarding training in respect of child protection. The safeguarding lead GP was one month overdue for his safeguarding level 3 annual refresher training. Following the inspection the practice provided a certificate showing that the GP had completed this training.

- The practice offered chaperoning to patients. A notice in the patient information leaflet advised patients that a chaperone was 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.
- The practice used policies and procedures to manage standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy during the inspection. One of the practice nurses was the infection control lead and had completed appropriate training for the role. Annual infection control audits had been carried out and we saw evidence that action was taken to address any areas identified for improvement. A re-audit had been carried out in November 2016 to verify that recent improvements were complete. Staff were given training in their infection control responsibilities during their induction. The infection control lead also delivered in-house training sessions such as hand washing. It was the practice's policy for nurses to deal with body fluid spillages in the practice, but spill kits were available and non-clinical staff had received training in how to use these. Staff we spoke with on the day had a good understanding of their infection control responsibilities. During the inspection we identified that flooring in one of the clinical rooms was damaged, which could result in the potential spread of infections. Clinical waste was properly labelled but was stored in an unsecured area of the practice which was potentially accessible by members of the public. The practice provided evidence that the flooring had been repaired and a lock and warning sign had been installed on the door of the clinical waste room within two working days of the inspection.
- The practice had a comprehensive prescription security protocol for dealing with all aspects of the prescribing process, and had trained non-clinical staff as prescribing

clerks. Where a patient had reached their maximum number of repeat prescriptions the administrative prescribing team raised an alert for the GP via the computer system to review the request. The GPs had a protocol in place to issue one further prescription where it was safe to do so and inform the patient to make an appointment for their review. Prescription stationery was also stored securely before and during use and serial numbers were recorded to monitor their usage.

- Staff locked clinical rooms when they were not in use and removed computer access cards when they left their computers unattended. Paper patient records were securely stored in a locked area that was not accessible to the public.
- We discussed the arrangements for patients who were prescribed high risk medicines (medicines that have a high risk of causing patient harm if they are not prescribed safely), some of whom also received treatment from specialists in their particular illness under shared care agreements. Secondary care monitoring results were provided electronically by the hospital for these patients, to allow the GP to confirm whether it was safe to issue the patient with a repeat prescription. We checked a sample of records which showed that some patients who were prescribed high risk medicines had either not attended for a blood test within the target period, or the practice had not checked the data made available by the hospital to confirm the results of recent blood tests. For example, of 21 patients prescribed Lithium (a medicine used to treat mood disorders), ten patients did not have a record of a blood test within the previous four months. Following the inspection the practice provided evidence that all ten of these patients had been reviewed.
- The practice maintained a log to monitor fridge temperatures for storing medicines. We saw that medicines in cold storage had been rotated appropriately. Two members of staff were responsible for monitoring these and ordering medicines. Staff we spoke with knew what action to take if cold storage medicines deviated from the recommended temperature range.
- Two of the practice nurses were qualified Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. These nurses attended

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forums, and subscribed to literature which helped them stay up to date with best practice. Nurse prescribers received support from the GPs and attended annual chronic disease management updates.

- The practice used PGDs (Patient Group Directions) to allow the practice nurses to administer medicines in line with legislation. We reviewed the practice's PGD folder and saw that these had been signed by the required people when they were adopted. Nurses could also access PGDs on the practice computer system for convenience. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice did not hold any stocks of controlled drugs on the premises (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed two personnel files which contained documentation evidencing that appropriate recruitment checks had been made before employment. For example, references, proof of identity, qualifications, registration with the appropriate professional body and DBS checks for members of staff that required them.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had procedures for monitoring and managing risks to patient and staff safety. A health and safety premises risk assessment had been carried out in April 2016 and actions identified had been followed up. The practice had an up to date fire risk assessment completed in January 2017, and had last provided fire safety training to staff in November 2016. We saw evidence that fire drills were conducted and fire alarms were tested regularly to ensure they were in working order; and both had been done in January 2017.
- Electrical equipment had been checked to ensure it was safe to use. Portable appliance testing had been carried out in November 2016, and we checked a sample of equipment to confirm this. Clinical equipment was checked to ensure it was working properly, and we saw evidence that items had been calibrated in May 2016. The practice had a variety of other risk assessments and regular professional visits in place 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).

- The practice had ensured the number and mix of staff on duty met patients' needs by monitoring this consistently. A large number of staff were employed by the practice and rotas and annual leave were coordinated to ensure adequate numbers of clinical and non-clinical staff were always available to patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- Staff used an alert button on the computer's instant messaging system to alert staff to any emergency.
- Staff received annual basic life support training, but when we checked a sample of staff files we found that one prescribing clerk was overdue for refresher training. The practice explained that the staff member had previously received this training as a receptionist, but after transition to the prescribing clerk post no longer had direct contact with patients. For this reason the practice considered it unnecessary to refresh basic life support training, as there were a high number of clinical staff available to patients in the event of an emergency and there were also hospital services in close proximity. Current national guidance recommends that all non clinical staff should undergo regular training in resuscitation of both adults and children to the level appropriate to their role.
- The practice kept a supply of oxygen with both adult and children's masks on the premises, as well as a defibrillator with adult and children's pads. A first aid kit and accident book were also available.
- There were emergency medicines available in a secure, staff accessible area of the practice. There was a lead for managing emergency medicines and we checked those available were in date and stored appropriately.
- We reviewed the practice's business continuity plan dated November 2016 for use in the case of major incidents such as power failure or building damage. This contained suitable information such as contingency planning and useful contact details. Electronic copies

Are services safe?

were kept off site by all members of staff for use in such an event. The practice business and development managers told us this plan was regularly updated to reflect changes at the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had individual online access to up to date guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We checked a sample of recent NICE updates and saw that action had been taken, for example by conducting clinical audits. Clinical staff discussed updates informally or during clinical meetings but this was not a standing agenda item.

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 (for 2015/2016) were 97% of the total number of points available, compared with the Clinical Commissioning Group (CCG) average of 96% and the national average of 95%. The practice's exception reporting was 4%, lower than the CCG average of 5% and the national average of 6%. 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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was in line with or lower than local and national averages. For example, 67% of patients had a blood glucose measurement within the target range in the previous 12 months, lower than the CCG average of 76% and the national average of 78%. Exception reporting was 4%, significantly lower than the CCG average of 9% and national average of 13%. 75% of patients with diabetes had a blood pressure reading within the acceptable range, in line with the CCG average of 76% and the national average of 78%. Exception reporting was 6%, lower than the CCG average of 7% and the national

average of 9%. 72% of patients with diabetes had a most recent cholesterol measurement within an acceptable range, lower than the CCG average of 78% and the national average of 80%. The practice's exception reporting for this indicator was 7%, lower than the CCG average of 10% and the national average of 13%. The practice explained that due to its growing patient list size there were now approximately 1,000 patients diagnosed with diabetes registered. A number of these patients were under the care of a local hospital, and as a result had demonstrated a greater tendency to miss diabetes appointments and reviews at the practice. The practice was in the process of introducing a traffic light system to patient records to better signpost risk levels in patients with diabetes. The practice had also appointed two GPs as leads for diabetes, and had increased the number of diabetic clinics to improve access. The practice carried out three reminder contacts to patients who did not attend for appointments, using both text messaging and letters. Alerts were added to high risk diabetic patients' records, to remind GPs to carry out a diabetes review if the patient attended the practice for another reason.

- Performance for mental health related indicators were higher than local and national performance. For example, 97% of patients experiencing poor mental health had a comprehensive agreed care plan documented in their records, which was higher than the CCG average of 92% and the national average of 89%. Exception reporting was 11%, in line with the CCG and national averages which were both 13%. 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 86% and the national average of 84%. Exception reporting was 8% for this indicator, in line with the CCG average of 9% and the national average which was 7%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had been reviewed within the previous 12 months, including a breathlessness assessment, was 92%. This was similar to the CCG average of 91% and the national average of 90%. The practice's exception reporting for this was 6%, significantly lower than the CCG and national averages which were both 12%.

There was evidence of quality improvement including clinical audit.

Are services effective?

(for example, treatment is effective)

- We saw evidence of six clinical audits completed in the last year, and we looked at three examples which were completed audits where the improvements made were implemented and monitored.
- The practice identified areas for audit in response to NICE updates and prescribing guidelines.
- The practice participated in quality improvement activities such as benchmarking.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an improvement in adherence to prescribing guidelines. A third cycle of this audit was planned to continue improving in this area.
- The practice participated in the PRIMROSE project, a research programme aimed at the prevention of cardiovascular disease in people with severe mental illnesses.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- An induction programme was used to orientate all newly appointed staff. This covered topics such as infection control, fire safety and confidentiality. This was consolidated by issuing all staff with a handbook containing policies and guidance.
- Members of staff who administered vaccines and took samples for the cervical screening programme had completed training which included a competency assessment. Those who administered vaccines used online updates to stay up to date with changes to immunisation programmes.
- The practice used annual appraisals to identify staff training needs as well as meetings and discussions. Due to the growing numbers of staff at the practice and the new staff leadership structures in place, team leaders were being trained to undertake appraisals for staff who reported to them. All staff had received an appraisal within the last 12 months, excepting those who had only recently been employed by the practice.
- During the inspection we noted several gaps in staff training. The safeguarding lead GP was one month overdue for his safeguarding level 3 annual refresher training. Following the inspection the practice provided a certificate showing that the GP had completed this training. We saw that one member of non clinical staff

had not completed refresher training in basic life support during the last two years. We saw evidence that GPs had completed training in the Mental Capacity Act 2005 (MCA).

- The practice facilitated and supported the GP revalidation process. None of the practice nurses had been required to complete the revalidation process at the time of the inspection but one was preparing to do this with support from the practice.

Coordinating patient care and information sharing

Staff could access the information they required to plan and deliver care in a timely and accessible way through the practice's patient record system.

- This included test results, care plans, medical records and risk assessments.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

Staff liaised with other health and social care professionals to fully understand patients' needs and tailor care and treatment accordingly. This included when patients were referred between services or were discharged from hospital. The practice held regular meetings with other health care professionals to discuss and update care plans for patients with complex needs. For example, two of the GPs and one of the practice nurses attended monthly multidisciplinary team meetings with the district nurses to discuss patients receiving palliative care.

Consent to care and treatment

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

- Clinical staff we interviewed demonstrated that they understood consent and best interest decision-making requirements according to current legislation and guidance, including the Mental Capacity Act 2005.
- The practice GPs and nurses carried out assessments of capacity to consent in line with relevant guidance when they provided care and treatment for children and young people.
- GPs and practice nurses conducted an assessment if a patient's mental capacity to consent to care or treatment was unclear. The outcome of the assessment was recorded.

Are services effective?

(for example, treatment is effective)

- The practice used a standard form to record written consent for treatments such as minor surgery and contraceptive implants.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- The practice maintained registers of carers, patients with mental health issues, patients nearing the end of life, those with a learning disability and those with long-term conditions. Patients on these registers were offered reviews six monthly or annually to monitor their health.
- The practice ran smoking cessation clinics and offered dietary advice to patients who needed it. Alcohol counselling with a local service was also arranged by the practice on an individual basis.
- The practice encouraged health promotion by providing information and referrals to support services.

The practice carried out cervical cancer screening for women within the target age range. QOF data for 2015/2016 showed:

- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 83% and the national average of 81%. Exception reporting for this indicator was 3%, lower than the CCG average of 5% and the national average of 7%. There was a policy to offer text messaging reminders and make follow up phone calls to patients who did not attend for their cervical screening test following invitation. There was always a female sample taker available to patients and systems were used to verify that results had been received for all samples.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England in relation to 2014/2015 showed that the practice was in line with or lower than averages. For example:

- 60% of women aged 50 to 70 had been screened for breast cancer within the target period, lower the CCG and national averages of 72%. The practice supplied us with a copy of their breast screening policy and patient information leaflet regarding this. The policy said that where patients did not attend for screening following invitation they would be followed up by letter or email. A monthly report was run to identify patients in need of follow up.
- 56% of patients aged 60 to 69 had been screened for bowel cancer within the target period, compared with the CCG average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were higher than average. For example, for the vaccinations given to under two year olds the practice had surpassed the nationally required vaccination rate of 90%, scoring 97% or 98% in all indicators. The practice achieved an overall score of 9.8 out of 10, compared with the national average score of 9.1.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40–74 and those over 75. 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

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Consulting rooms had curtains to maintain privacy and dignity during patient examinations and treatments.
- Clinicians closed doors to consultation and treatment rooms when they were seeing patients, and we could not overhear conversations taking place inside.
- Reception staff told us that if a patient was upset or needed to discuss something sensitive they offered to take them to a private room.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards, 31 of which provided positive feedback about the practice. Patients particularly commented that staff were friendly and helpful. Five comments cards made negative remarks but none of these were in relation to the attitudes of staff.

We spoke with four members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We spoke with staff at two local care homes. Both described the service the practice provided to people as very good. Each care home told us they received a dedicated weekly visit from a named GP. We were told that the GPs were responsive to requests for home visits or advice and offered proactive compassionate care.

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was slightly below average for its satisfaction scores on consultations with GPs but still within a reasonable range. The practice scores were above average for consultations with nurses. For example:

- 83% of patients said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) average of 85% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national average which were both 95%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 82% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 94% of patients said the nurse was good at listening to them compared to the CCG average of 90% and the national average of 91%.
- 98% 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%.
- 98% of patients said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice was aware that the National GP Patient Survey results for consultations with GPs were lower than average and was committed to improving these, but we did not see evidence of any specific action plan in relation to this.

Care planning and involvement in decisions about care and treatment

The PPG members we spoke with during the inspection and patient comment cards confirmed that patients felt involved in making decisions about their care and treatment. Staff provided patients with the information they needed to make an informed decision and allowed them enough time.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Again, results showed that the practice was slightly below average for consultations with GPs and higher than average for nurses. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.

Are services caring?

- 93% 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 provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- A large number of information leaflets were available providing patients with information about health and support services.
- The premises were equipped with a hearing loop to assist patients with a hearing difficulty.

Patient and carer support to cope emotionally with care and treatment

A variety of information leaflets and posters were displayed in the patient waiting area to help direct patients to relevant support groups and organisations. Similar information could be accessed on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 324 patients as carers (1.4% of the practice list). Carers were offered the flu vaccine and an annual health check free of charge. Clinical staff directed carers to relevant support services they could access. There was a carers' board in the waiting area providing information for carers. The practice had a Carer Champion who promoted carers' information packs and liaised with Age Concern. The Carer Champion had previously been nominated for and received a community award for Carer of the Year.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a patient consultation at a time to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had a dedicated call centre located on the first floor of the practice. This tracked the flow of calls coming into the practice for appointment booking to allow staff to manage waiting times.
- The practice offered a GP led 'Commuter's Clinic' from 7am to 8am on Wednesday and Thursday mornings for working patients who could not attend during normal opening hours.
- Extended hours appointments were also available with both doctors and nurses on Monday evening from 6.30pm to 9pm, on Wednesday evening from 6.30pm to 7.30pm, and every fourth Saturday morning from 7am to 12pm.
- Telephone consultations were available for patients who did not feel they required a face-to-face consultation.
- The practice employed an emergency nurse practitioner and two minor illness nurses to increase patient access to essential care.
- Text messaging appointment reminders and online appointment booking and access to medical records were available to patients.
- The practice ran smoking cessation clinics and offered dietary advice to patients who needed it. A Citizens Advice Bureau open clinic was facilitated by the practice on a weekly basis. Alcohol counselling with a local service was also arranged by the practice on an individual basis. A dietician also held clinics at the practice on a two weekly basis.
- The practice had appointed a member of staff as a Carer Champion to promote carers' packs and coordinate with Age Concern.
- The practice had implemented a community cancer care clinic with support from Macmillan Cancer Support. Clinics were held every Monday for people with cancer in the Stevenage area, and offered advice, counselling and pain management.

- Appointments could be arranged on the same day for children, vulnerable patients and those with medical problems that required an urgent consultation.
- Longer appointments were 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. This included visits to administer the flu vaccination to patients who were unable to visit the practice independently.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8am to 6.30pm from Monday to Friday. Appointments were available between these times. Extended hours appointments were available with both doctors and nurses on Monday evening from 6.30pm to 9pm, on Wednesday evening from 6.30pm to 7.30pm, and every fourth Saturday morning from 7am to 12pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments, home visits and telephone appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was similar to or higher than local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 73%.
- 92% of patients said the last appointment they got was convenient, compared to the CCG average of 89% and the national average of 92%.
- 76% of patients described their experience of making an appointment as good, compared to the CCG average of 66% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess:

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

Details of home visit requests were captured by call centre staff and referred to the GPs to be triaged. 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. Staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- A complaints policy and procedures were in place in line with recognised guidance and contractual obligations for GPs in England.
- The two practice business and development managers were designated as responsible for handling all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. There was a complaints leaflet displayed in the patient waiting area and information about how to make a complaint was also provided on the practice website.
- We saw evidence that the practice had responded to complaints in writing within a reasonable timescale.

We looked at 51 complaints received in the last business year and found that they were dealt with in a satisfactory and timely way. Actions and learning points from complaints were recorded and we saw minutes confirming that these had been discussed at monthly practice meetings. The practice had restructured recently after merging with another local practice, as the increased number of staff meant it was no longer possible to meet with all staff at once. Instead the practice business and development managers held weekly meetings with clinical staff and administrative team leaders during which complaints were discussed. Administrative team leaders were then responsible for holding meetings to disseminate information to their individual teams.

Are services well-led?

Requires improvement 

(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 mission statement and a supporting set of values. Staff were familiar with these and worked in a way that supported them.
- The practice had a comprehensive supporting business plan which had been recently updated in December 2016. This clearly identified the future direction of the practice and had received input from staff including the practice business and development managers, GPs and the nursing team. This included plans for the integration of St Nicholas Health Centre into the practice, developing the use of branch facilities and video consultations, and upgrading the practice website.

Governance arrangements

The practice had governance arrangements which supported the delivery of its future plans and inspired good quality care.

- Staff we interviewed had a clear awareness of their roles and responsibilities and knew who clinical and non-clinical leads were. Organisational charts were also available due to the size of the practice staff.
- A set of practice specific policies were in place and all staff were able to access these. We were shown examples to demonstrate how these policies were used, for example, significant events.
- The practice monitored its performance and used this information to foster improvement.
- Clinical and internal audit was used to monitor quality and to implement positive changes.
- The processes in place for managing risks were not always working effectively to adequately protect patients from the risk of harm. For example in relation to monitoring actions taken in respect of safety alerts, ensuring the training systems in place kept all staff up to date and reviewing patients who were prescribed high risk medicines.

Leadership and culture

The GP partners and practice business and development managers showed us that they had the knowledge and experience they needed to run the practice to a high

standard. They also ensured that their supporting teams had the capacity and capability to meet their expectations. Staff said they were able to approach the GPs directly and also had the opportunity to raise issues through meetings.

The practice had systems in place 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. There was a culture of openness and there were systems in place to ensure that when things went wrong with care and treatment affected patients received reasonable support and sufficient information to help them understand. It was the practice policy to make a formal written apology where appropriate.

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

- Staff told us the practice held regular team, team leader and clinical meetings. There was an overarching communication structure in place to share information between teams and disseminate information in both directions.
- 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 social events were held periodically to support good working relationships. Recent events included staff bowling, a quiz night, and the Christmas party.
- Members of staff we spoke with told us they were respected in their roles. We carried out the inspection during a period of transition and staff described feeling empowered by their developing roles in the practice and excited about the future of the practice. During the inspection we observed that the practice team worked well together.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback through the Patient Participation Group (PPG) which met regularly and discussed the development of the practice with the

Are services well-led?

Requires improvement 

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

management team. The PPG was actively involved with improvements at the practice. For example, it had successfully campaigned for funding to have automatic doors installed at the main site.

- Staff told us the GPs worked with the practice team and were open to suggestions for improvements. Staff told us they were able to approach the GPs, the practice business and development managers or their team leader if they wanted to discuss anything. Appraisals were held annually and provided staff with an opportunity to give formal feedback to the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. As a training practice there were three GP trainers in post and one further partner was undertaking training for this role at the time of our visit. There were five trainees in place, and the practice had also trained one of its recently recruited GPs in house. The practice recognised the value in collaborative working and participated in information sharing and local and national benchmarking.

The practice nurse team was also developing to support the GP team and improve the range of services available. For example, the team had an emergency nurse practitioner, two independent prescribers and two minor illness nurses.

The administrative teams within the practice had recently been restructured to improve communication and delegate responsibilities within the practice.

The practice was expanding and adapting to meet the needs of modern primary care and enhance patient experience. For instance, the practice had turned space in the building into a call centre to accommodate increasing demand to the phone lines. The practice recognised its future challenges and was innovative and proactive in its approach to meeting these.

The practice also participated in the PRIMROSE project, a research programme aimed at the prevention of cardiovascular disease in people with severe mental illnesses.

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 | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users of receiving care and treatment by:</p> <ul style="list-style-type: none">• Failing to ensure the system for managing patients prescribed lithium monitored patients safety. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not operate an effective system to assess, monitor and mitigate risks relating to the health, safety and welfare of service users by:</p> <ul style="list-style-type: none">• Failing to ensure that MHRA alerts were responded to. <p>This was in breach of regulation 17(2b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |