

Stapenhill Medical Centre

Quality Report

Stapenhill Medical Centre
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Date of inspection visit: 14 August 2017

Date of publication: 18/09/2017

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Stapenhill Medical Centre on 23 August 2016. The overall rating for the practice was requires improvement, with the safe and well led key questions being rated as requires improvement. The practice was rated as good for the key questions of effective, caring and responsive. We found two breaches of the legal requirements and as a result we issued requirement notices in relation to:

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good Governance.
- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment.

The full comprehensive report from the inspection on the 23 August 2016 can be found by selecting the 'all reports' link for Stapenhill Medical Centre on our website at www.cqc.org.uk

We carried out an announced comprehensive inspection at Stapenhill Medical Centre on 14 August 2017. Overall the practice is now rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Processes introduced since our last inspection demonstrated that learning was now shared and any resultant changes to systems and procedures implemented.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients and staff were comprehensively assessed.
- Appropriate recruitment checks had been completed.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.

Summary of findings

- Information about services and how to complain was available and easy to understand.
- 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.
- Patients said they found it easy to make an appointment with a named or preferred GP and urgent appointments were available the same day.

The areas where the practice should make improvements are:

- Consider extending the template used for recording receipt external alerts to include the nursing team.
- Improve the systems for monitoring uncollected prescriptions and for tracking the use of prescription pads and forms.

- Carry out a risk assessment to establish which medicines should be carried as routine when performing home visits.
- Explore how the high exception reporting for annual reviews of patients on the mental health register and patients with learning disabilities could be reduced.
- Formalise and document the support from GPs provided to the nurse prescribers.
- Review the system for recording verbal complaints to allow themes and trends to be identified.
- Explore how the practice could be proactive in capturing patient feedback.
- Consider further improvements to the governance framework to include regular internal meetings for the nursing team.

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 good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. Learning was shared and any resultant changes to systems and procedures implemented.
- When things went wrong patients received reasonable support, relevant information, and a written apology.
- There was a formal system in place to log, review, discuss and act on external alerts, such as the Medicines and Healthcare products Regulatory Agency (MHRA) alerts. However, the template used to evidence alerts had been received and understood did not include all clinicians.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice system for prescribing high risk medicines on a shared care basis ensured patients received the recommended monitoring before prescriptions were issued.
- Arrangements were in place to ensure that risks to patients were assessed and well managed.
- The systems in place to monitor the use of prescription forms and pads and monitor uncollected prescriptions were not fully effective.
- The provider had improved the recruitment checks carried out on staff employed. This included a check list that had been completed for each individual staff member.
- There had been significant improvements in the way health and safety in the workplace was managed. These included regular walk rounds, risk assessments and spot checks from a third party health and safety specialist.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the local and national averages for most clinical indicators. The overall clinical exception reporting continued to be higher than

Summary of findings

the local and national averages. (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).

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Clinical audits demonstrated quality improvement in patient outcomes.
- There was evidence of completed appraisals for staff. Nurse prescribers were supported by GPs although the process was not documented and was only carried out on an ad hoc basis.
- Staff worked with other healthcare professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similar to local and national averages for questions relating to the care received.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified frail and vulnerable patients. These patients were referred or signposted to support services where required.
- The practice held a carers' register and had systems in place, which highlighted to staff patients who also acted as carers. The number of carers identified had increased from 0.8% to 1.1% since the last inspection.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Home visits were triaged by a GP to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

Good



Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was seen to have been shared with staff and complainants were advised who to contact should they not be satisfied with the outcome of their complaint.
- There was no patient participation group (PPG) but the practice had engaged with external support to try and establish a group.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings that extended to the whole team.
- Clinical governance supported the delivery of good quality care. There was an overarching governance structure to monitor and minimise risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents.

Good



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 good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, the branch surgery was based in a rural area inhabited by a high number of elderly patients, blood sampling was provided to reduce the need for these patients to travel to the main surgery or hospital.
- The practice was responsive to the needs of older people, and offered home visits throughout the day and urgent appointments for those with enhanced needs.
- Elderly patients identified at higher risk of hospital admission were placed on an 'at risk' register and had an admission avoidance care plan in place, which highlighted their needs and wishes and was regularly reviewed. All admissions of patients on this register were discussed to see if their admissions were avoidable.
- Same day access was available to all patients on the at risk register.
- The practice held monthly meetings with their local community healthcare team.
- The GPs and advanced nurse practitioner provided home visits to care home patients and had completed additional training in order to complete advanced care planning for these patients.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

- Patients with long-term conditions were included on the practice frailest 2% at risk register and had an admission avoidance care plan in place. The practice had systems in place to identify patients with chronic or life limiting conditions to alert the out-of-hours service and provide information to enable continuity of care.
- Patients on the at risk register were offered same day access.
- The practice held a list of patients who required palliative care and their GP acted as the lead. The gold standards framework was used for the coordination of end of life care. The practice provided eligible patients with anticipatory medicines as indicated by their long-term condition or end of life needs.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice held regular clinical meetings where children at risk, child welfare concerns and safeguarding issues were discussed to ensure awareness and vigilance.
- The practice had a system in place to highlight patients of concern, as well as those who were considered at risk and these were discussed at clinical multi-disciplinary meetings.
- The practice provided a contraception and sexual health service including chlamydia screening. One of the nursing team specialised in sexual health.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the local CCG average of 83% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided telephone consultations. All patients requesting same day help were offered a telephone consultation, if no appointment was available, and following that, a face-to-face appointment if required.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Appointments and prescriptions could be booked online. A telephone language translation service was available for patients with limited English.
- The practice provided an extended hours service on a Saturday morning.
- Patients in the 40 to 74 age groups were offered NHS health checks through a locally commissioned service.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice included carers on their frail and vulnerable patients at risk register.
- The practice offered longer appointments for patients with a learning disability and those with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- All patients on the practice palliative care register were reviewed at monthly multidisciplinary meetings held.
- Patients with learning disabilities were recorded on a register and there was a patient recall system that invited them to attend for an annual health check. However, only 16 out of 39 annual health checks had been completed in 2016/17.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Patients diagnosed with dementia who had received a face-to-face review in the preceding 12 months was 80%, which was comparable with the local CCG average of 75% and national average of 76%.
- Clinical staff had received training in the Mental Capacity Act and used this when assessing patients. The practice carried out advance care planning with carers for patients with dementia.
- Performance for poor mental health indicators was higher than the national average. For example, 96% of eligible patients with severe poor mental health had a recent comprehensive care plan in place compared with the national average of 89%. However, although there was a patient recall system in place, 56% of patients had been excluded.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. One of the GPs was the appointed lead for patients on the dementia and mental health registers.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with the local and national averages. A total of 227 survey forms were distributed and 103 were returned, a completion rate of 45% equivalent to 0.8% of the patient list.

- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 79% of patients described their experience of making an appointment as good compared to the CCG and the national averages of 73%.

- 82% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 78% and the national average of 77%.

There was one area where the survey previously highlighted patient satisfaction was significantly below both local and national averages:

- 51% of patients found it easy to get through to this practice by phone compared to the national average of 73%. This had improved to 60%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. No comment cards were completed.

Areas for improvement

Action the service SHOULD take to improve

The areas where the practice should make improvements are:

- Consider extending the template used for recording receipt external alerts to include the nursing team.
- Improve the systems for monitoring uncollected prescriptions and for tracking the use of prescription pads and forms.
- Carry out a risk assessment to establish which medicines should be carried as routine when performing home visits.
- Explore how the high exception reporting for annual reviews of patients on the mental health register and patients with learning disabilities could be reduced.
- Formalise and document the support from GPs provided to the nurse prescribers.
- Review the system for recording verbal complaints to allow themes and trends to be identified.
- Explore how the practice could be proactive in capturing patient feedback.
- Consider further improvements to the governance framework to include regular internal meetings for the nursing team.

Stapenhill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

Background to Stapenhill Medical Centre

Stapenhill Medical Centre is part of the NHS East Staffordshire Clinical Commissioning Group. The total practice patient population is 9,750. The age profile of patients is broadly in line with national averages. Stapenhill Medical Centre is located within easy reach of Burton on Trent town centre in Staffordshire and there is a rural branch surgery with a dispensary in the village of Rosliston providing services to 1,800 patients. The premises at both sites are purpose built buildings owned by the partners.

The staff team comprises of six GP partners (5 male, 1 female), one salaried GP (female) and two GP trainees (one male, one female). The GPs overall provide 53 clinical sessions per week, the GP trainees provide 15 combined sessions per week and the advanced nurse practitioner, who is also a prescriber, works six sessions per week. The provider has been an approved GP training practice since 2006.

The practice is open each weekday from 8am to 6pm and is open on a Saturday morning from 8am to 12.30pm. The branch practice is open from 8am to 12.30pm Monday to Friday. The practice has opted out of providing cover to patients outside of normal working hours. This service is provided by Staffordshire Doctors Urgent care.

There are 29 permanent staff in total, working a mixture of full and part time hours. Staff at the practice also includes: a practice manager, an assistant practice manager, an administrator and a patient services team leader, two practice nurses, two healthcare assistants and a dispenser, one medical secretary and eight reception/administration support staff.

The practice provides long-term condition management including asthma and diabetes. It also offers child immunisations, minor surgery and travel vaccinations. The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. It also provides a number of Directed Enhanced Services, for example extended hours access is available.

Why we carried out this inspection

We undertook a comprehensive inspection of Stapenhill Medical Centre on 23 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall. The full comprehensive report following the inspection on 23 August 2016 can be found by selecting the 'all reports' link for Stapenhill Medical Centre on our website at www.cqc.org.uk.

We undertook a comprehensive follow up inspection of Stapenhill Medical Centre on 14 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 14 August 2017. We also reviewed policies, procedures and other information the practice provided before the inspection day. During our visit we:

- Spoke with a range of staff including the GPs, the nurse manager, the practice manager, practice nurses, a healthcare assistant and members of the reception/administration staff.
- Reviewed online information where patients and members of the public shared their views and experiences of the service, and looked at survey information.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- We did not visit the branch at Rosliston as part of this inspection as we visited as part of the August 2016 inspection.

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

When we inspected the practice on 23 August 2016 we identified a number of issues affecting the delivery of safe services to patients. At that time we rated the practice as requires improvement. This was because:

- The provider did not have an effective system to manage risk, ensuring risks are identified, assessed and actions taken to promote safety.
- No risk assessment had been carried out for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Recruitment checks had not been completed in accordance with schedule three of the Health and Social Care Act 2008 (Regulated Activities).

We issued a requirement notice in respect of these issues. Improvements were also required around:

- Ensuring actions highlighted in the infection prevention control audits were completed or planned.
- Ensuring that the findings of significant events were shared with the wider practice team and resultant changes to systems and procedures implemented.
- A system was required to monitor the use of prescription pads and forms and minimise the risk of fraud.

We found these arrangements had significantly improved when we undertook a follow up inspection of the service on 14 August 2017. The practice is now rated as good for providing well-led services.

Safe track record and learning

The practice operated an effective system to report and record significant events. Staff knew their individual responsibility, and the process, for reporting significant events.

- The practice had a lead for significant events and an event report form was available to all staff.
- Significant events had been investigated and discussed. Meetings were held bi-monthly to review events or sooner when required.
- In addition, the provider told us that near misses were recorded and reviewed in the twice monthly practice meeting held with GP partners and managers.
- When things went wrong with care and treatment, patients were informed of the incident, received

reasonable support, relevant information, and a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.

There had been eight recorded incidents/events in the preceding 12 months. We saw that the practice had reviewed their records and no trends were identified. All events were concisely recorded and documented. The practice used protected learning time to communicate significant events to the wider practice team.

At our last inspection we found that actions and learning had not always been shared. For example, one significant event related to an abnormal blood result which had not been communicated to the patient after the patient had not contacted the practice for the results. A template had been set up on the system to contact the patient but there was no evidence of a proactive recall and follow up system having been implemented. This process had been changed and the practice told us that the GP now contacted the patient directly when the matter was urgent, and a letter was sent to the patient for non-urgent action. At our last inspection, we found that following diagnosis of diabetes by a trainee GP, a routine referral was made. The provider identified the error and upgraded the referral to urgent. However, there was no evidence of any system change as a result of the learning. Since our last inspection, the practice had introduced a GP debrief session at the end of every trainee clinic, and noted any comments made on the patient's record. We looked at further examples of significant events recorded in the last 12 months and found that they had been appropriately acted on. For example, following an error caused by patients having the same name, the practice reminded staff of two point check protocol to be followed at the reception desk to ensure that the correct patient had been identified.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

We reviewed safety records, incident reports and patient safety alerts. We saw that alerts were shared to improve safety in the practice. The practice had a process in place to

Are services safe?

receive alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). At our previous inspection there was no process in place to ensure agreed actions had been completed and when asked, clinical staff were not aware of the most recent alerts. The practice had since implemented a protocol for managing alerts. The system required all GPs to document that they had received and read the alert. There was a GP partner responsible for auditing each alert on a quarterly basis to ensure action had been taken. Once actioned, the alert was filed as completed. We looked at a recent MHRA alert and found that all appropriate actions had been completed. The same system was used for patient safety alerts and copies for reference were kept in reception. However the template that evidenced alerts had been received and understood did not include the nursing team.

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:

- Policies for safeguarding both children and vulnerable adults. All staff had received role appropriate training to nationally recognised standards. A GP partner was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records. The practice had a system in place to highlight patients of concern, as well as those patients who were considered at risk and these were discussed at multi-disciplinary meetings. The practice held a monthly meeting with the health visitor to review the register of vulnerable children. Parents and siblings of children with protection plans were highlighted on the practice computer system.
- Chaperones were available when needed. Staff had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room and in treatment rooms.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken, this included staff immunity to healthcare associated infections, premises suitability and staff training/knowledge. The last audit was carried out on 21 June 2017 at the main surgery and on 12 July 2017 at the Rosliston branch. The IPC regional lead had been contacted to ensure that the audit document used was up to date with guidelines. A report was presented to the management team following each audit. We were given examples of where actions identified were in progress. For example, the audit identified that there was no nappy or sanitary disposal units at the branch surgery. The practice told us that this had been ordered.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use.
- The practice nurses used Patient Group Directions (PGDs) to allow them to administer medicines in line with legislation. There were patient specific directions (PSDs) in place for the healthcare assistants. For example, a list of patients was generated in advance of flu clinics and authorisation was given from a GP in advance.
- The GPs had access to an emergency bag and assessed their own requirement for emergency medication to be used on a home visit. However there was no formal risk assessment to establish which medicines should be carried as routine. The nurses checked GP trainer bags when being handed back and GPs checked their own bags.
- Blank prescription forms and pads were securely stored. However the tracking system in place was not fully effective, prescription serial numbers were recorded but not assigned to individual clinicians.
- Processes were in place for handling repeat prescriptions. The practice carried out regular medicines' audits. The practice worked with the local CCG medicine management team to ensure prescribing was in line with best practice guidelines for safe

Are services safe?

prescribing. However, checks of uncollected prescriptions were not done routinely. We found one repeat prescription in the collection box which was three months old. The practice checked the remaining prescriptions in the box on the day of the inspection.

- We reviewed data in relation to a particular high-risk medicine prescribed to patients. We found the practice had completed appropriate monitoring, regular auditing which ensured that safe systems were in place
- Recruitment checks on staff had improved. We reviewed three personnel files and found that all appropriate recruitment checks had been undertaken prior to employment. For example, there was proof of identity for the individual staff members we checked, references had been obtained and a health check completed. The provider had copies of professional qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had medical indemnity insurance arrangements in place for all relevant staff.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. There was a system in place to check staff competencies annually. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place of random checks to monitor the quality of the dispensing process. Dispensary staff had standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the safe destruction of controlled drugs.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Following the previous inspection, the provider had employed the services of an external health and safety expert to monitor the systems and inform of health and safety updates.
- There was a health and safety policy available and the mandatory health and safety poster was clearly displayed and included responsible individuals.

- The practice had an up to date fire risk assessment and carried out fire evacuation drills every six months. Fire marshals had been appointed and had role specific training. New emergency lighting had been installed and was checked weekly.
- There were risk assessments in place to monitor safety of the premises. These included a risk assessment for Legionella, as identified at the previous inspection.
- The practice manager and senior partner carried out monthly 'common areas and workplace inspection' walk rounds to identify any new risks or hazards as well as monitoring those already identified.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book was available and staff we spoke with were aware of where they were located.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. A second set of emergency medicines had been introduced at each surgery since the last inspection and a medication to treat sudden loss of blood pressure had also been obtained.
- Electrical equipment had been checked in February 2017 to ensure the equipment was safe to use. Clinical equipment was regularly checked to ensure it was working properly.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. Copies were kept off site by the senior partner and practice manager. Staff were aware of the plan and knew how to access it.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 23 August 2016, we rated the practice as good for providing effective services. However, we made good practice recommendations that; the practice should implement a system to ensure nationally recognised guidelines are followed, complete induction programmes for all new staff and perform annual competency checks on dispensers.

These arrangements had improved when we undertook an inspection on 14 August 2017. The provider continues to be rated as good for providing effective services.

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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Following our August 2016 inspection, the practice had implemented a system to monitor that these guidelines were followed. A GP partner was responsible for the implementation of any new clinical guidelines, a protocol had been written and included a form that all clinicians signed to record they had reviewed any new guidelines issued.
- The practice was proactive in using the electronic patient record for alerts and diary entries, which ensured effective, proactive care and regular reviews.
- The practice had appointed leads for each long-term condition.

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). QOF results for 2015/16 showed the practice:

- Achieved 99% of the total number of points available. This was higher than the Clinical Commissioning Group (CCG) average of 96% and the national average of 95%.

The overall clinical exception reporting was 9.5%, which was above the CCG average of 6.1% and the national average of 5.7% (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 2015/16 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 80% compared with the CCG average of 79% and the national average of 78%. The practice exception reporting rate of 21% was higher than the CCG average of 14% and the national average of 13% meaning fewer patients had been included. (Data provided by the practice for 2016/17 showed that the exception rate had decreased to 19%).
- Performance for mental health related indicators was higher than the local CCG and the national averages. For example, the percentage of patients with an agreed care plan documented in the preceding 12 months was 96% compared to the CCG average of 86% and national average of 89%. The practice clinical exception rate of 56% was significantly higher than the CCG average of 14% and the national average of 13%. The provider evidenced that there was a patient recall system in place and all patients on the mental health register had been contacted by letter three times before being excluded. Data for 2016/17 showed a similar rate of exceptions.
- Patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 80%, which was slightly lower than the CCG average of 85% and the national average of 84%. The practice clinical exception rate of 12% was higher than the CCG average of 6% and the national average of 7%.
- Performance in the outcomes for patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) was better than the CCG and national averages. For example, 94% of patients had received a review of their condition in the preceding 12 months compared with the CCG average of 91% and the national average of 91%.

Are services effective?

(for example, treatment is effective)

90%. COPD is the collection of lung diseases. Clinical exception reporting was slightly higher at 15% compared to the CCG average of 10% and the national average of 12%.

- The practice had 39 patients recorded with a learning disability. All of these patients had been invited for an annual health check in 2016/17 and 16 had reviews been completed.

There had been four clinical audits completed in the last year. Examples included:

- An audit of the appropriate prescribing of oral contraception. This audit had been repeated and demonstrated improvement. Findings were shared with the nursing team. Evidence was seen of regular clinical audits being used to assess, improve and monitor performance.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, a more recent audit was completed on heart failure and a second audit on atrial fibrillation was in progress.
- The practice used complaints and significant events to trigger audits, and was reflective in assessing where care could be improved.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff had access to and made use of e-learning training modules and in-house training. Staff we spoke with were positive about the induction programme and spoke of good support received from colleagues.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The practice prioritised training and development for the whole team and all staff had individual training folders.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the

immunisation programmes, for example by access to on line resources, best practice guidance and discussion at practice meetings. The nurse prescribers told us that they had support from GPs but there was no formal, regular review and discussions were not documented. The nurses spoke of good, ad hoc support from GPs and attended quarterly sessions staged by the CCG to support non-medical prescribers.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision for the trainee GPs, nurses and dispenser. Staff received annual appraisals.
- There was adequate clinical capacity within the practice to meet anticipated demand, including internal cover for holiday leave and other planned absences. The dispensary was situated at the branch practice and closed when the dispenser was absent. Patients were informed of when the dispensary would be closed. The nursing capacity was being addressed following a healthcare assistant on long term sick and a nurse on maternity leave. Nursing staff told us that the situation had improved following recruitment of an additional nurse.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other allied health and social care professionals. This included

Are services effective?

(for example, treatment is effective)

patients approaching the end of their lives and those at increased risk of unplanned admission to hospital. Meetings took place on a monthly basis and were recorded.

- We saw that referrals for care outside the practice were appropriately prioritised and the practice used approved pathways to do so with letters dictated and prioritised by the referring GP. For example, the two-week wait and urgent referrals were sent the same day.
- We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated where patients' needs had changed. The practice worked with the wider healthcare team to ensure that their patients' health and social care needs were being assessed and met.
- The practice held a list of patients who required palliative care and their named GP acted as the lead. The gold standards framework was used for the coordination of end of life care. The practice provided eligible patients with anticipatory medicines as indicated by their long-term condition or end of life needs

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff had also been in receipt of training in the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The practice carried out advance care planning with their carers for patients with dementia.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through audits of patient records.

Health promotion and prevention

The practice offered a range of services to promote health and provided regular reviews for patients with long-term conditions:

NHS Health Checks to patients between 40 and 74 years of age were offered through a third party to detect emerging health conditions such as high blood pressure/cholesterol, diabetes and lifestyle health concerns. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.

New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the local CCG average of 83% and national average of 81%.

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However the uptake rates were just below the national averages. For example, 68% of females patients aged 50 to 70 years had been screened for breast cancer in the last 36 months (national average 73%) and 54% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months (national average 58%).

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the 90% standard. For example, rates for the vaccines given to under two year olds ranged from 93% to 96%. The uptake rates for vaccines given to five year olds were above the national average and ranged from 93% to 99%.

Are services caring?

Our findings

At our previous inspection on 23 August 2016, we rated the practice as good for providing caring services. However, we made a good practice recommendation that the practice should be proactive in identifying patients who also acted as carers.

These arrangements had improved when we undertook an inspection on 14 August 2017. The provider continues to be rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff had access to a confidential hatch if patients wanted to discuss sensitive issues or appeared distressed.

Results from the July 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally the same or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern, which was comparable to the CCG and the national averages of 86%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern, which was below the CCG average of 92% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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. Results were comparable to local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% 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.
- The provider had taken action to meet the requirements of the accessible information standard (the standard is a legal requirement which has been established to ensure that people who have a disability, impairment or sensory loss are issued information that they can access and understand, and any communication support that they need). For example, there was a hearing loop and literature available in large print.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was available and the practice had started to hold regular patient education meetings.

The practice's computer system alerted all staff if a patient was also a carer. The practice had a frail and vulnerable

register, which included patients who were carers. The practice had identified 103 carers, 1.1% of the practice list size, an increase from 0.8% of the practice list size at the August 2016 inspection.

Staff told us that if families had suffered bereavement, their usual GP contacted them; this call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had an internal procedure to ensure all appropriate staff were made aware.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 23 August 2016, we rated the practice as good for providing responsive services. However, we made good practice recommendations that; the practice should improve the complaint handling procedures to include communicating complaints to the wider practice team and to let complainants know their options should they not be happy with the outcome of their complaint.

These arrangements had improved when we undertook an inspection on 14 August 2017. The provider continues to be rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered extended hours on a Saturday morning between 8am and 12.30pm. Appointments were available from 8.30am to 11am followed by telephone appointments with a GP until 12.30pm.
- The healthcare assistant had started offering Saturday morning clinics and blood samples were taken by clinical staff at the branch surgery to support the elderly population living in a rural location.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were prioritised in line with NHS England's March 2016 patient safety alert for the prioritisation of general practice home visits. Home visits were available for patients whose clinical needs resulted in difficulty attending the practice. Requests were triaged by the duty doctor.
- Patients were encouraged to see or speak with the same clinician for follow-up consultations which promoted continuity of care.
- The advanced nurse practitioner visited one care home to conduct medication reviews and performed virtual ward rounds (the matron attended the practice with a list of patient questions and conducted reviews with a GP). The healthcare assistant visited the care home to take blood pressure readings and supported one of the GPs to carry out annual health reviews.

- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice was proactively working on improving the communication with Child and Adolescent Mental Health Services (CAMHS).
- The practice patients benefited from ad hoc counselling sessions provided by the Community Mental Health Team.
- Patients were able to receive travel vaccinations available on the NHS as well as travel advice.
- There were disabled facilities, a hearing loop and translation services available.
- Emergency admissions to hospital were reviewed and patients were contacted to review their care needs if required.

Access to the service

The practice was open Monday to Friday between 8am and 6pm (excluding bank holidays) and on a Saturday morning between 8am and 12.30pm. The branch practice is open from 8am to 12.30pm Monday to Friday. The practice had opted out of providing cover to patients outside of normal working hours. Staffordshire Doctors Urgent Care (SDUC), provided these out-of-hours services.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment had improved since the August 2016 inspection.

- 84% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average and the national averages of 76%.
- 88% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and the national averages of 84%.
- 91% of patients said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 79% of patients described their experience of making an appointment as good compared with the CCG and the national averages of 73%.
- 66% of patients said they did not normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

Previously the responses to telephone access and getting to see a preferred GP were below average. For example:

Are services responsive to people's needs?

(for example, to feedback?)

- 51% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%. This had improved to 60%
- 57% of patients usually got to see or speak to their preferred GP, which was lower than the CCG average of 63% and the national average, 59%. This had improved to 67%.

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 by contacting the appropriate emergency service to meet their needs. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Patients could book appointments in person, by telephone and through on line access. The availability of appointments was a mix of book on the day or routine book ahead. We saw that the practice had availability of routine appointments with GPs and advanced nurse practitioner available on the same day through a 'drop in clinic'.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. At our last inspection we found that complainants were not advised on their options if not satisfied with the outcome of their complaint. This had now been included on the response letters template used to respond to all complaints and in the complaints leaflet.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system which included a summary leaflet.

We looked at a summary of 16 complaints made in the preceding 12 months and found these were satisfactorily handled and dealt with in a timely way. There was openness and transparency when dealing with the complaint which included the complainants' involvement. Complaint records demonstrated that complaints were recorded and well documented. The complaints were shared and discussed with the practice team. The practice told us that verbal complaints, although discouraged in favour of written complaints, were recorded in the patient notes and referred to the duty doctor. However this system missed the opportunity to identify and analyse any trends.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 23 August 2016, we rated the practice as requires improvement for providing well-led services. This was because:

- The practice had a number of policies and procedures to govern activity and held regular governance meetings, although these did not extend to the whole team.
- Clinical governance supported the delivery of good quality care. However there was no overarching governance to monitor and minimise risk.
- There were no formal governance arrangements to share notifiable safety incidents with all staff and to ensure appropriate action was taken.

We found that improvements had been made when we undertook a follow up comprehensive inspection on 14 August 2017. The practice is now rated as good for providing a well led service.

Vision and strategy

The practice had a five year business plan that was reviewed annually.

- The practice planned to expand the capacity and offer more services in response to a residential new build project close to the practice.
- The practice engaged with local practices and the local CCG on a monthly basis. The GPs attended a steering group meeting held monthly.
- The practice was involved with a GP federation and a cooperative working group.

Governance arrangements

- There was a clear staffing structure; staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included clinical leads for areas including family planning and a lead for diabetes.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

At the August 2016 inspection we found some areas governance arrangements were not effective. Although policies and documented protocols were well organised and easily accessible to staff, we found that some of the policies were not governing. For example:

- The practice health and safety policy was not followed and in particular risk assessments had not been carried out or reviewed in recent years. There were some records in place to the support practices arrangements for identifying, recording and managing risks. However, we found that records were not kept to support that regular fire alarm tests and fire drills had taken place at the practice.
- The learning from significant events and complaints was not always shared with the practice team. Reviews were conducted and actions agreed. However these actions were not always implemented to promote safety and minimise risk.
- Appropriate recruitment checks were not always carried out on staff employed.
- The provider had a system for managing clinical alerts but the alerts were seen to have not always been acted on.

There had been significant improvements in the governance arrangements since the last inspection:

- The provider had reviewed the systems for managing health and safety in the workplace. A fire safety risk assessment had been carried out and equipment, emergency lighting and fire evacuation drills were carried out regularly.
- A newly implemented governance framework ensured learning from significant events and complaints was shared with the wider practice team.
- We checked three personnel files as part of the inspection and found that all appropriate checks had been carried out. A comprehensive check list had been introduced as the front page of each personnel file.
- A new protocol had been implemented for managing alerts. This included a responsible individual with a deputy who could cover in their absence.

The governance framework did not include regular nurse meetings and discussions we held with staff members suggested these would be welcomed by members of the nursing team. Nursing staff did attend a bi-monthly practice nurse forum but there was no regular programme of internal meetings for the nursing team.

Are services well-led?

Good 

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

Leadership and culture

The GP partners, the nurse manager and the practice manager formed the management team at the practice. They encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. They were visible in the practice and conversations with staff demonstrated that they were confident in raising concerns and suggesting improvements openly with members of the management team.

The practice had a regular programme of practice meetings; these included an informal daily meeting for the GPs, a monthly partner's meeting attended by all GPs and the practice manager and a bi-weekly practice meeting, open to all staff, but normally attended by the GPs, nurses and practice manager. Staff told us that informal communication did take place and information was cascaded verbally or by email. Bi-monthly afternoon meetings open to all staff had been started and were minuted.

The practice manager engaged with local practice managers by attending regular meetings to share ideas and discuss best practices with other practices in the local area. Practice nurses also engaged with local nurses by attending educational events and regular clinical updates facilitated by the clinical commissioning group.

The GP regularly attended clinical updates, education events and monthly locality meetings facilitated by the CCG; these events were used as opportunities to engage with other medical professionals and share ideas.

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

The practice valued and acted on feedback from patients, the public and staff. It had tried to engage patients in the delivery of the service through a patient participation group (PPG). Attempts were made with a number of external bodies but no group had been established.

- The practice gained feedback through national GP surveys, compliments and complaints received.

- The practice had gathered feedback from staff through staff meetings, appraisals and daily discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However staff felt that a full practice meeting would be beneficial.
- The provider was considering using social media to communicate with patients.
- A new phone system was due for implementation as a result of the patient survey and comments made by patients.

The practice collated the results of their NHS family and friends test but response levels were low and had not highlighted any areas of concern. Between April 2017 and July 2017, a total of 11 responses were received, five of the respondents said they were extremely likely, and six said they were likely to recommend the service to a family member or a friend. There was evidence of the practice responding to patient feedback; a letter from patient highlighted that on the day appointments could not be booked online. As a result, the practice planned to start offering online on the day appointments.

The whole practice staff did not formally meet as a team although a number of the practice meetings were open for any member of staff to attend. Staff we spoke with told us they felt able to give their views to the management team and were kept up to date by informal conversations. Some staff we spoke with said that they would welcome a full practice meeting.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice worked with other local providers to share best practice. The significant events and complaints were reviewed and investigated to determine where improvements could be made although the implementation stage was not always evidenced.

The practice was insightful about current and potential future challenges and planned toward meeting them; for example, the increasing population size due to a nearby housing development.