

Bootle Village Surgery

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

Good 

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?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Bootle Village Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	18

Overall summary

Letter from the Chief Inspector of General Practice

This is our report from an announced follow up comprehensive inspection at Bootle Village Surgery on 26 November 2015. We previously inspected this service on 4 November 2014. We rated the service as requires improvement for providing safe and well led services. We issued compliance actions (under the previous regulations) as a result of our findings and requested an action plan from the provider detailing how improvements would be made and when they would be compliant with the regulatory standards.

The provider is rated good overall. Although some improvements had been made, the provider is still rated as requires improvement for providing safe services. Our key findings were:

- The provider had met the compliance actions regarding satisfactory recruitment records and some aspects of governance. However, there was still a shortfall of adequate risk assessments in place and appropriate action with regards to the safety of the premises and equipment.

- The practice did analyse significant events and had safeguarding procedures in place.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service and acted on feedback, but had struggled to form a patient participation group.
- As a result of analysing trends in complaints and patient feedback, the practice had improved telephone access and altered appointment systems to allow greater patient access.
- Staff worked well together as a team and all felt supported to carry out their roles.

However, importantly, the provider must:

- Carry out a more comprehensive fire risk assessment than is currently in place and take necessary actions including having an electrical safety certificate for the premises.

Summary of findings

- Carry out other health and safety risk assessments and act on health and safety alerts. For example, for the control of substances hazardous to health (COSHH), display screen assessments, Legionella, disabled access and the need for a defibrillator.

There were improvements the provider should consider:-

- Revise the current procedure in place for managing information from incoming hospital letters to reduce delays in updating patient records.

- Carry out more full cycle clinical audits to demonstrate improvement in patient outcomes.
- Regularly include significant events for discussion at practice meetings with more detailed minutes to show actions taken.

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. At our previous inspection, we identified several areas that required improvement such as records for recruitment, child safeguarding policies and staff training. At this inspection improvements had been made in these areas. However, there was a lack of comprehensive risk assessments in place for health and safety issues in particular fire safety.

The practice took the opportunity to learn from internal incidents, to support improvement.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure information was appropriately shared. Staff had received training relevant to their roles.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect. Staff helped people and those close to them to cope emotionally with their care and treatment.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients. It acted on suggestions for improvements from feedback but had been unsuccessful in forming a patient participation group (PPG). Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as good for providing well-led services. At our previous inspection, we identified that many systems in place were informal and there was a lack of guidance and documents in place relating to policies on training, appraisals and risk assessments and we rated the practice as requires improvement.

Good



Summary of findings

At this inspection we identified improvements had been made in relation to policies, training and appraisals but there were still improvements required regarding safety risk assessments for the premises and equipment.

There was a high level of constructive engagement with staff and a high level of staff satisfaction.

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 providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

Good



People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for patients with long term conditions including diabetes and asthma. The practice had an in house phlebotomist to avoid the need for patients to attend hospital clinics.

Good



Families, children and young people

The practice is rated as good for providing services for families, children and young people. We previously rated this population group as requires improvement as there were no child safeguarding policies in place. At this inspection, new policies had been implemented. The practice regularly liaised with health visitors.

Good



Working age people (including those recently retired and students)

The practice is rated as good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered online appointment bookings and prescription ordering. It also now offered open access clinics twice a week.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. One GP took the lead responsibility for looking after patients with drug and alcohol addiction problems. They liaised with the local drugs and alcohol team and reviewed patients regularly.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice liaised with local mental health supporting services for example, Access Sefton. Patients where necessary were referred to this service and patients were followed up on the outcomes of their treatment.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 114 responses which is equivalent to 1.8% of the patient list) demonstrated that the practice was performing in line with local and national averages. For example:

- 77% of respondents describe their overall experience of this surgery as good compared with the local CCG average of 79% **and** national average of 85%.
- 64% of respondents would recommend this surgery to someone new to the area (CCG average of 69% and national average of 78%).

The practice scored well in terms of care given by GPs:

- 92% of respondents said the last GP they saw or spoke to was good at treating them with care and concern (CCG average of 83% and a national average of 85%).
- 94% said the last GP they saw was good at explaining tests and treatments (CCG average of 84% and national average of 86%).

- 100% said they had confidence and trust in the last GP they spoke to (CCG average of 94% and national average of 95%).

However; results indicated the practice could perform better in terms of appointments, for example:

- 34% patients said they could get through easily to the surgery by phone (CCG average 63%, national average 65%).
- 24% patients said they usually waited 15 minutes or less after their appointment time (CCG average 63%, national average 65%).
- 34% said they usually got to see their preferred GP (CCG average 58%, national average 60%).

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards (which 0.3% of the practice patient list size) which were overall positive about the standard of care received. GPs and nurses all received praise for their professional care.

Bootle Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor and practice manager specialist advisor.

Background to Bootle Village Surgery

Bootle Village Surgery is located near the main shopping area of Bootle, Liverpool. The practice is in a deprived area of the country. There were 6150 patients on the practice register at the time of our inspection.

The practice is a training practice and has four GP partners (two male and two female), a foundation 2 trainee GP, a registrar, one practice nurse, and a phlebotomist, reception and administration staff. The practice is open 8am to 6.30pm Monday to Friday. The practice has two morning sessions (Monday and Friday) for open access whereby patients do not need to make an appointment but have to wait to be seen. In addition, the practice nurse was available until 8pm one evening a week.

The practice has a PMS contract and also offers enhanced services for example; various immunisations.

The practice is a training practice and also offers community placements to medical students from the University of Liverpool School of Medicine.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this 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 are provided for specific groups of people and what good care looks 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

Detailed findings

- People experiencing poor mental health (including people with dementia)

The inspectors :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 26 November 2015.
- Spoke to staff.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

The practice took the opportunity to learn from internal incidents, to support improvement. All staff were involved in incident reporting and those we interviewed told us they could do this confidently and felt supported to do so without any fear of blame. Improvements had been made since our last inspection as there was a significant event policy and recording forms available. However, we were told significant events were discussed at meetings but minutes did not highlight this and there were no fixed agendas for meetings to incorporate significant events.

In keeping with the Duty of Candour, the practice had shared other significant event investigations with the patients involved.

Information about national safety alerts was collected by the practice manager and disseminated to clinical staff. However, there was no evidence to show any direct changes as a result. For example, a recent alert about window blind cords had not been actioned and we noted there were un- wrapped long window blind cords in the waiting room which potentially could be hazardous to young children.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe but some improvements were required. There were:-

- Arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and policies were accessible to all staff. At our previous inspection, we identified that there were no child safeguarding policies in place. At this inspection we found that this had been addressed. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding who had the required level of training. The GP provided reports where necessary for other agencies and met with health visitors on a monthly basis to discuss any child safeguarding concerns. Clinical staff demonstrated they understood their responsibilities. At our previous inspection it was

unclear if all staff had received training. At this inspection we found that there were new systems in place to monitor training and all staff were up to date in their safeguarding training.

- At our previous inspection we found chaperones were used but information about this was not available to patients. We also found that not all staff who acted as chaperones had received a disclosure and barring services check (DBS). There was a notice displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones had received a DBS check.
- At our previous inspection, we issued the provider a compliance action to improve records kept for recruitment. At this inspection three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks for clinical staff.
- The practice was generally clean and monitoring systems were in place. Rooms were deep cleaned on a rotational basis but some areas needed some more attention. There was no control of substances hazardous to health (COSHH) risk assessments in place for any materials on the premises in particular cleaning materials. Some of these were highly flammable and were inappropriately stored.
- The practice nurse was the designated lead for infection control. There was an infection control protocol in place and staff had received up to date training. At our previous inspection, there were no policies regarding the safe handling of sharps and there were no Legionella risk assessments. We were told the practice had been advised they did not require a Legionella risk assessment. Sharps policies had now been updated and information was available for staff. However, we found that full sealed sharps bins were stored on the floor in a room which could potentially be accessed by patients. The sharps bins were collected fortnightly and the provider removed one of the bins that we found immediately to a more secure place. There were appropriate spillage kits and clinical waste disposal facilities and contracts in place. A proper infection control audit had not been undertaken since October 2013 and there was no documentation available

Are services safe?

regarding outcomes and actions taken. We were told the practice had an audit scheduled in January 2016 by the local infection control team. We were shown monthly infection control monitoring sheets but these were identical to the monitoring of cleanliness of the premises monitoring sheets.

- Arrangements for managing emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, we did not see any evidence of regular medication audits carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing other than a one cycle audit for antibiotics. Prescription pads were securely stored and there were systems in place to monitor their use. However, GPs took whole pads of prescriptions and stored these in their rooms. There had been a significant incident regarding the theft of a prescription and GPs now locked their rooms but the practice may wish to consider revising this system.

Monitoring risks to patients

Risks to patients and staff were not fully assessed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had up to date fire risk assessments, but these were not comprehensive. There

were issues with regards to fire safety. For example, there were no regular fire drills, no building plans for the fire brigade, inappropriate storage of highly flammable and explosive substances and no electrical safety test for the premises. The practice did not have other risk assessments in place to monitor safety of the premises and equipment. For example, control of substances hazardous to health (COSHH), display screen equipment, disabled access and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms. There was also a first aid kit and accident book available.

The practice had oxygen. There was no defibrillator or risk assessment in place to support the rationale for not having this medical equipment.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on a noticeboard for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Consent to care and treatment

Patients' consent to care and treatment was sought 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. GPs were aware of the relevant guidance when providing care and treatment for children and young people. Consent forms for surgical procedures were used and scanned in to the medical records.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. There were health promotion and prevention advice leaflets available in the waiting rooms including information on alcohol awareness, smoking cessation and immunisations. The lead GP had an interest in acupuncture therapies and ran a clinic for patients with stress related conditions. The practice had immunisation and screening programmes in place.

- Childhood immunisation rates (2014) for the vaccinations given to two year olds and under ranged from 94% to 98% and were similar to CCG averages of 93% to 97%. Vaccination rates for five year olds were also similar and ranged from 89% to 97% compared with local CCG averages of 90% to 97%.
- The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 68% compared to a national average of 73%.

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 70% which was lower than the national average of 82%.

Coordinating patient care and sharing patient information

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 test results.

There was an information governance policy in place to ensure patient's details were kept safe and staff received training in handling confidential data and used smart cards to access computer systems. There was a confidentiality policy available.

There were potential risks of patients not receiving correct or revised medications due to delays in the system for dealing with hospital letters. Letters were scanned on to patient computer records initially but there was a week's backlog on these. Letters were then sent to a GP to action but this was only done on a weekly basis. The letters were then actioned and returned for the appropriate changes to read codes and summary records. However, there was a backlog of this work and some letters had not been dealt with since August 2015. We were told this was due to members of staff being on annual leave and work was in progress to tackle this. We were told anything urgent would be received by fax and the GP would be given the fax on the day it was received.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health

Are services effective?

(for example, treatment is effective)

reviews. Results from 2013-2014 showed the practice had achieved 94% of the total number of points available. This practice was not an outlier for some QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was comparable with the national averages.
- Performance for mental health assessment and care was comparable with the national averages.

At our previous inspection we identified that results from clinical audits did not seem to be cascaded for the whole practice to utilise and hence potentially improve outcomes for their patients. At this inspection the practice could evidence quality improvement with audits around patient access to appointments. There was an audit for antibiotic prescribing whereby additional training and guidance had been identified but this was not cyclic. There were no other audits available that had been utilised by the practice clinical team and further improvements could be made in this area.

Effective staffing

At our previous inspection we identified issues regarding a lack of monitoring of training and appraisals not being undertaken. At this inspection improvements were identified.

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- There were enough staff to provide services and this was monitored.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- There was a training matrix in place which identified staff who were due for training and recorded dates that training was scheduled for or completed. This was monitored to ensure all staff training was kept up to date. Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Clinical staff attended learning events organised by the CCG.

There were now annual appraisal systems in place and all staff had received an appraisal. Training needs were identified through appraisals and quality monitoring systems.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Patient CQC comment cards we received were positive about the service experienced. However, the waiting area was very close to the reception area and conversations could be overheard and there was no room available if patients wanted to discuss matters in private.

Data from the National GP Patient Survey, published in July 2015 showed from 115 responses that performance was better than local and national averages for example,

- 96% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.

Care planning and involvement in decisions about care and treatment

Data from the National GP Patient Survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.

Patient and carer support to cope emotionally with care and treatment

There were a variety of information leaflets available in the waiting room and corridors outside the consultation and treatment rooms for various support groups. An advisor from The Citizen's Advice Bureau also held sessions at the surgery once a week to help more vulnerable people understand for example, any changes to their benefits which could cause patients to become anxious.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At our previous inspection there had been no Patient Participation Group (PPG). At this inspection we found the practice had struggled to get patients involved but were considering on line forums. The practice manager had advertised for PPG members and had sought other ways of gaining patient feedback such as the use of surveys.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- At our previous inspection there had been no translation services available. The practice was now offering an interpreter service to those patients who required this service.
- The practice had a system in place to highlight patients who required urgent appointments and access if necessary.

Access to the service

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Urgent Care 24 by calling the 111 services.

Results from the national GP patient survey, published in July 2015, (from 114 responses which is equivalent to 1.8% of the patient list) showed that patients' satisfaction with how they could access care and treatment was much lower compared with local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 34% patients said they could get through easily to the surgery by phone (CCG average 63%, national average 65%).

- 24% patients said they usually waited 15 minutes or less after their appointment time (CCG average 63%, national average 65%).
- 34% said they usually got to see their preferred GP (CCG average 58%, national average 60%).

The practice was aware of the low satisfaction rates from earlier in the year and in response to this and information from complaints, had altered the telephone systems and appointment systems. The practice had introduced an open access clinic on Monday and Friday mornings whereby patients attended the surgery rather than call for an appointment. This was to deal with urgent new illnesses such as chest infections. Appointments were given at five minute slots to allow more patients to be seen. The practice nurse was available until 8pm one evening a week. The practice had monitored the introduction of new appointment systems and surveyed patients. Patient feedback on the new arrangements was positive.

The practice had monitored its appointment systems and only pre booked appointments one week in advance. This coupled with a text reminder service had significantly reduced the fail to attend rate of appointments from an average of 250 missed appointments per month to an average of 100.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to. Letters to patients in response to complaints made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

We reviewed complaints and found that written complaints were recorded and written responses for both types of complaints which included apologies were given to the patient and an explanation of events. The practice monitored complaints to identify any trends to help support improvement.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice aimed to provide high quality personal care in a friendly setting. The practice team were passionate about providing the best possible care. The GP partners met on a weekly basis to discuss the operational delivery of the service but there were no written business or developmental plans available to us.

Governance arrangements

At our previous inspection we issued a compliance action in relation to a lack of governance systems.

Evidence reviewed at this inspection demonstrated that the practice had made some improvements but the practice manager was aware this was still work in progress. Improvements made included:-

- Work undertaken to improve on practice specific policies involving appropriate staff.
- Improvements in the system of reporting incidents.
- Appraisals had been completed this year for all staff and training needs identified.
- All staff had received up to date mandatory training.
- Meetings were planned and regularly held including: weekly partner meetings and monthly palliative care meetings. However, further improvements could be made by ensuring minutes of meetings are more detailed and circulated to all staff.
- Surveys to gain feedback about the delivery of the service and actions taken to improve overall patient satisfaction with access to appointments.

Leadership, openness and transparency

Staff felt supported by management.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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.

- It had gathered feedback from patients through surveys and complaints received.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Although some improvements had been made since our last inspection, further work is required by the provider to ensure they are meeting all health and safety requirements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider had failed to ensure they were fully complying with health and safety legislation and health and safety alerts with regards to risk assessments and the necessary actions including fire safety, control of substances hazardous to health, display screen equipment and the need for a defibrillator. Regulation 15 (1) (e).
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	