Dr Abdula Rauf Kukaswadia

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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Abdula Rauf Kukaswadia's practice on 7 January 2016. Overall the practice is rated as good. It is rated as outstanding for providing responsive services and good for providing effective and caring services but requires improvement for providing safe services.

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

- The practice was run by one GP. Patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice was clean and had good facilities including disabled access and translation services.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- Essential health and safety risk assessments for premises and emergency equipment had not been completed for staff and patient welfare.
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG) and acted on feedback.
- Staff worked well together as a team and all felt supported to carry out their roles.

The practice is rated as outstanding for providing responsive services because:

- Despite one GP operating the practice, there were a variety of appointments available to suit all patients' needs including an open access clinic every morning, telephone consultations, pre-bookable appointments and extended hours. Care home managers and patients told us the GP visited care homes after contractual hours and contacted patients on Saturdays if necessary to discuss test

Summary of findings

results. Results from the GP national patient survey indicated satisfaction rates with making appointments was 20% higher than local and national averages.

- The practice had a high number of patients in care homes (215). Care home managers told us that whenever there was change to a patient's medication or dosage, the GP visited the care home and amended the medication administration sheets and showed the responsible person for administering medication the change to prevent any prescribing errors.
- We observed the practice staff worked efficiently together and with other local services to respond to individual patient needs including arrangements for referrals and appointments to explain treatments with the practice nurse.
- There was very high patient satisfaction with the service provided and there had been no written complaints received by the practice in the past 12 months.

However, the areas where the provider must make improvements are:

- The provider must ensure that documented health and safety risk assessments and checks are carried out in order to make sure staff and patients are kept safe and not at risk of harm.

The provider should:-

- Include contact details of where patients can escalate their complaint to, if they are not satisfied with the outcome of a complaint investigated by the practice within their complaints policy.
- Formalise business contingency plans.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services. This was because some health and safety risk assessments and checks had not been carried out to ensure the safety of staff and patients. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including infection control, medicines management and safeguarding.

Are services effective?

Good

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. Clinical audits demonstrated quality improvement. 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.

Are services caring?

Good

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. Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, drugs counselling services, health trainers, citizen's advice and housing associations.

Despite one GP operating the practice, there were a variety of appointments available to suit all patients' needs including an open access clinic every morning, telephone consultations, pre-bookable appointments and extended hours. The GP visited care homes after contractual hours and contacted patients on Saturdays if necessary to discuss test results. Results from the GP national patient survey indicated satisfaction rates with making appointments was 94% which was 20% higher than local (75%) and national averages (73%).

Summary of findings

The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example providing a newsletter.

Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised verbally. There was very high patient satisfaction with the service provided and there had been no written complaints received by the practice in the past 12 months.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events. 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

Good

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 patients aged over 75.

People with long term conditions

Good

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. A specialist diabetes nurse attended the practice once a month to support newly diagnosed diabetic patients.

Families, children and young people

Good

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised on a monthly basis with health visitors to review vulnerable children and new mothers. The community midwife holds a weekly clinic at the practice. 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.

Working age people (including those recently retired and students)

Good

The practice is as rated 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 evening appointments once a week, telephone consultations and online appointment bookings.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

learning disability. It had carried out annual health checks and longer appointments and easy read information was available for people with a learning disability. Representatives from Citizens Advice attended the practice on a weekly basis and the practice was also an agent for food bank vouchers. A drugs counselling clinic was held on a weekly basis.

People experiencing poor mental health (including people with dementia)

Good

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 worked with local mental health teams and staff had received training on suicide awareness. The practice actively screened patients for dementia and referred patients when necessary to local clinics.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015(from 98 responses which is approximately equivalent to 4% of the patient list)showed the practice was performing in line or above compared with local and national averages.

- 98% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 94% of respondents described their experience of making an appointment as good (CCG average 75%, national average 73%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received.

We spoke with three patients during the inspection. They said they were very happy with the standard of care they received and thought staff were approachable, committed and caring.

Dr Abdula Rauf Kukaswadia

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to Dr Abdula Rauf Kukaswadia

Dr Abdula Rauf Kukaswadia's practice is situated in a socially deprived area in Liverpool with high unemployment rates. There were 2517 patients on the practice register at the time of our inspection.

The practice is managed by an individual GP and the practice manager is also the practice nurse. Members of clinical staff are supported by reception and administration staff.

The practice is open 8am to 6.30pm every weekday. An open access clinic is available from 8.30am to 10am every morning and pre bookable appointments are available from 4.30pm to 6pm daily. Extended surgery hours are offered on Mondays between 6.30pm to 8pm. 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 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

Detailed findings

- 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)

The inspector :-

- 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 7 January 2016.
- Spoke to staff and representatives of the patient participation group (PPG).
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events.

Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding. The GP provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice met with the health visitor on a monthly basis to discuss any concerns.
- A notice in the waiting room advised patients that chaperones were available if required. The practice operated a specific chaperone clinic with the practice nurse once a week. The practice nurse had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was neat and tidy and maintained appropriate standards of cleanliness and hygiene. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There were appropriate clinical waste facilities and spillage kits available.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body.

Monitoring risks to patients

The following risk assessments and checks had not been completed:-

:

- Fire risk assessment, fire drills and regular testing of fire safety equipment
- Legionella risk assessment
- Display Screen Equipment (DSE) risk assessments for staff
- Control of Substances Hazardous to Health (COSHH) risk assessment.
- A gas safety check
- An electrical safety check of the premises.

The practice informed us they had been advised they did not need a fire risk assessment or Legionella risk assessment and hence documentation had not been completed. However, the practice did employ more than five staff and it is recommended that all risk assessments and checks are carried out to ensure staff and patient safety.

Requires improvement

Are services safe?

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

The practice had some arrangements in place to respond to emergencies and major incidents but improvements were needed.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available or oxygen. The practice knew that defibrillators were located in the neighbourhood but there was no formal risk assessment in place as to how the practice would respond to a medical emergency.
- A first aid kit and accident book was available.
- Emergency medicines were easily 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 fit for use.

The practice only had a business continuity plan in place for IT systems failure. There were informal arrangements in place to look after patients in the event of major incidents such as building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. 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 peoples' needs.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available. This practice was an outlier for some asthma and chronic obstructive pulmonary disease clinical targets. We discussed this with the practice nurse and found that targets had been missed due to staffing issues at the time.

Data from 2014-2015 showed that performance for diabetes related indicators was comparable with national averages. A specialist diabetes nurse attended the practice on a weekly basis. Performance for mental health related indicators was also comparable with national averages.

Two cycle clinical audits demonstrated quality improvement for example medication audits, cervical screening audits, causes of death audits.

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. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. The practice used one regular locum GP if the lead GP was on leave and there was an induction pack available.
- 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. For example, safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules.All staff had had an appraisal within the last 12 months.

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.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. The GP worked with many patients in care homes and was very knowledgeable about the Mental Capacity Act 2005, deprivation of liberty safeguards and issues around court protection.

The GP sought to work with independent mental capacity advocates when patients had mental capacity issues and there was nobody to act on their behalf.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who

Good

Are services effective?

(for example, treatment is effective)

required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A health trainer visited the practice on a weekly basis to provide support with lifestyle management. Other services were available to the practice including citizen's advice, healthy homes and drug counselling services and a rheumatology clinic. The practice also liaised with the local mental health teams. The practice carried out vaccinations and screening and the GP carried out all flu vaccinations for housebound patients or patients in care homes. Data from 2013-2014 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 93% to 97% compared with CCG averages of 89% to 96%. Vaccination rates for five year olds ranged from 89% to 93% compared with local CCG averages of 89% to 97%.
- The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 84% 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 76% compared to a national average of 82%.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2015 (from 98 responses which is approximately equivalent to 4% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 89%, national average 87%).
- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 99% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 in line with local and national averages. For example:

- 87% 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%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 81%)
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. There were notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and 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. This was also confirmed by patients comments.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and the practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, drugs counselling services, health trainers, Citizens Advice and housing associations. The practice attended local meetings with other GP practices and with the clinical commissioning group.

The practice had an established and active patient participation group which regularly met to discuss any issues. The patient participation group (PPG) members said there was very little that could be improved. Recent activity had included the production of a newsletter for further information for patients.

Despite one GP operating the practice, there were a variety of appointments available to suit all patients' needs including an open access clinic every morning, telephone consultations, pre-bookable appointments and extended hours. The GP visited care homes after contractual hours and contacted patients on Saturdays if necessary to discuss test results.

We observed the practice staff work efficiently together to respond to individual patient needs including arrangements for referrals and appointments to explain treatments with the practice nurse. Further examples which demonstrated how the practice responded to individual patient medical and social needs included:

- There were translation services and a variety of easy read patient information available.
- The practice had a high number of patients in care homes (215). Whenever there was change to a patient's medication or dosage, the GP visited the care home and amended the medication administration sheets and showed the responsible person for administering medication the change to prevent any prescribing errors.
- The practice had a high proportion of housebound patients (204) who the GP visited to carry out flu vaccinations.
- The GP involved family members in discussions about care where appropriate for reassurance or advanced care planning including one example of using skype to call relatives abroad when patients were in care homes. When patients could not make decisions for themselves the GP involved the service of independent mental capacity advocates. This was often done outside of surgery hours.
- The GP liaised with other community support groups to ensure patients wellbeing including citizen's advice and housing help groups. One example included arranging hot meals for a housebound patient. Other examples included help with careers and training opportunities.
- The GP encouraged family members of patients with a history of certain diseases to attend for screening for example, diabetes.

Access to the service

The practice is situated in a row of shops with disabled access and all rooms within the practice are on the ground floor.

The practice is open 8am to 6.30pm every weekday. An open access clinic was available from 8.30am to 10am every morning and pre bookable appointments were available from 4.30pm to 6pm daily. Appointments could be booked up to four weeks in advance. Extended surgery hours were offered on Mondays between 6.30pm to 8pm. 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 111.

Results from the national GP patient survey published in July 2015 (from 98 responses which is approximately equivalent to 4% of the patient list) showed that patient's satisfaction with how they could access care and treatment was much higher than local and national averages. For example:

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 98% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 93% described their experience of making an appointment as good (CCG average 76%, national average 73%).

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

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. However, the complaints policy needed to make it clear who the patient should contact if they were unhappy with the outcome of their complaint.

We reviewed complaints and found there had been no written complaints received by the practice in the past 12 months. We reviewed complaints from previous years. These 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 help support improvement. We looked at one previous complaint and found that action had been taken as a result to prevent the risk of reoccurrence.

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 team were dedicated about providing the best possible care. The practice aimed to ensure that all patients received the appropriate treatments and education to enable them to have a good quality of life.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- Practice specific policies that all staff could access, from the computer system or in paper format. The practice manager sent draft policies to staff to invite them for comments before finalising policies.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: monthly whole practice staff meetings, monthly palliative care meetings with other healthcare professionals and monthly meetings with health visitors.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.
- Encouraged and supported staff via informal and formal methods including structured appraisals to meet their educational and developmental needs. We observed throughout the day that new members of staff were closely supported and supervised by the practice manager.

Leadership, openness and transparency

There was a clear leadership structure in place and staff felt supported by management. The practice management actively supported the wellbeing of staff in addition to promoting career progression.

- 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 confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.

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 the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, introducing a newsletter for patients.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took an active role in locality meetings and CCG meetings. The GP was currently involved in work looking at the effects of reducing anti-psychotic medication prescribing for dementia patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not documented essential health and safety risk assessments for the premises and equipment. For example, fire risk assessment and fire drills, Legionella risk assessment, display screen equipment risk assessments for staff and control of substances hazardous to health risk assessment. Gas and electrical safety for the premises had not been checked. In addition, there was no oxygen or defibrillator available and a formal risk assessment was needed to show how the practice could deal with a medical emergency.