

# Old Swan Health Centre Group Practice

## 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Old Swan Health Centre Group Practice on 30 June 2016. Overall the practice is rated as good.

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

- The practice is situated in a purpose built health centre next to a walk in centre. The practice was clean and had good facilities including disabled access and translation services. Some GPs spoke various languages including Punjabi, Cantonese and Mandarin.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- 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, where possible, on feedback.
- Many of the staff had worked at the practice for a long time and knew the patients well. Staff worked well together as a team and all felt supported to carry out their roles.
- The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

However, there were areas where the provider must make improvements.

The provider must:

- Ensure appropriate recruitment checks are carried out for all their staff.

The provider should:

# Summary of findings

- Have monitoring systems in place for the use of prescription pads.
- Consider having a hearing loop and easy read format information available for patients.
- Check staff are aware of the practice policy to monitor uncollected prescriptions and who has responsibility for this.
- Consider having more information available for carers.
- Regularly review the contents of the First Aid kit.
- Have a written shared agreement with the adjoining walk in centre for the use of the defibrillator.

**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. This was because there were insufficient recruitment checks for some staff. Monitoring systems for prescriptions were insufficient.

However, 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 medicines management and safeguarding.

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. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

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.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. 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 shared with staff.

Good



### Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events.

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

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 the over 75s

### 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.

### 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 with health visitors to review vulnerable children and new mothers. 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. There was an open access appointment system for children after school and a children's area in the waiting room.

### 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. There were online systems available to allow patients to make appointments.

### 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 learning disability. It had carried out annual health checks and longer appointments were

# Summary of findings

available for patients with a learning disability. Staff had received additional training for communicating with patients with a learning disability. The practice carried out visits for a service for patients with acquired brain injuries.

## 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 liaised with local mental health teams to update care plans. Some GPs had an interest in mental health and one GP was the lead for mental health for the local clinical commissioning group (CCG).

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 (from 105 responses which is approximately equivalent to 1% of the patient list) showed the practice was performing in line with local and national averages in certain aspects of service delivery. For example,

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

However, some results showed below average performance, for example,

- 65% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

- 54% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%)

In terms of overall experience, results were comparable with local and national averages. For example,

- 93% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, 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 47 comment cards, all of which were very complimentary about the service provided. Patients said they received an excellent, caring service and patients who more vulnerable were supported in their treatment.

# Old Swan Health Centre Group Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Old Swan Health Centre Group Practice

Old Swan Health Centre Group Practice is based in Liverpool. There were 9859 patients on the practice register at the time of our inspection.

The practice is a training practice managed by five GP partners. There is one salaried GP, a registrar and trainee (F2) GP. There are three practice nurses and a health care assistant. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday and operates an open access system every morning. The practice offers extended hours appointments on a Monday until 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 inspection team :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.

- Carried out an announced inspection visit on 30 June 2016.
- Spoke to staff and representatives of the patient participation group.
- 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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. 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. Significant events were discussed at staff meetings and annually to identify any trends to drive improvement.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice had systems in place to cascade information from safety alerts which were discussed in staff meetings and were aware of recent alerts.

### 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and there was additional flowcharts in the consulting rooms. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Health visitors were invited to attend clinical meetings to discuss any concerns.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role but some non-clinical staff had not 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 clean and tidy. Monitoring systems and cleaning schedules were in place. One of the practice nurses was the infection control clinical lead. There was

an infection control protocol and staff had received up to date training. Infection control audits were undertaken and action plans were in place to address any shortfalls.

- 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Emergency medication was checked for expiry dates.
- Blank prescription pads were securely stored but there were no systems in place to monitor the use of prescriptions used for home visits. There was a practice policy as to how uncollected prescriptions were monitored. However, two members of staff were unsure who took responsibility for this, and exactly how often they were checked.
- We reviewed five personnel files and found some recruitment checks had been undertaken prior to employment for staff. However, there were no risk assessments in place for any non-clinical staff as to why a DBS check had not been sought and there were no enhanced DBS checks in place for any non-clinical staff acting as chaperones. The practice manager sent us risk assessments the following day and informed us the day after our inspection that references were being sought.

### Monitoring risks to patients

- There were 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 a staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire safety equipment tests and fire drills. Staff were aware of what to do in the event of fire and had received fire safety training as part of their induction.
- 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 a variety of other risk assessments in place to monitor safety of the premises such as control

## Are services safe?

of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available in one of the treatment rooms.

- The practice did not have a defibrillator available within the practice but could use the defibrillator in the walk in centre next door. However, there was no written agreement in place or risk assessment for this. In addition, one of the clinicians did not know where the emergency medication, oxygen or the defibrillator was kept. The practice sent us an assessment after our inspection and confirmation that the clinician had been shown where emergency equipment and medication was located. The practice had oxygen with adult and children's masks. There were First Aid kits available but the contents were out of date.
- 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.

# 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. The practice also had access to local guidelines such as 'the map of medicine'. Updates in NICE guidance were discussed in clinical staff meetings and audit work was carried out to monitor whether the practice was meeting the guidelines.

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.

The practice held regular gold standard framework meetings.

### 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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had systems in place to ensure they met targets and the most recent published results were 95% of the total number of points available. The practice also worked towards meeting local key performance targets. The practice had changed its recall system so that when patients were invited to attend for their reviews, an appointment was sent at the same time.

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits, such as to reduce the use of

benzodiazepines, and clinical audits such as epilepsy management. The practice also shared findings of some audit work with their peers in meetings with other local practices in the area.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. For example, one GP had a diploma in geriatric medicine.

- 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 rarely used GP locums, but locum induction packs were 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. Training included: safeguarding, fire procedures, equality and diversity and basic life support, equality and diversity and information governance awareness. Staff had access to and made use of e-learning training modules.

### 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice liaised with local mental health teams to help support patients experiencing poor mental health. The practice supported a service for patients with acquired brain injuries.

# Are services effective?

(for example, treatment is effective)

## 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. The practice kept a register of patients who had Deprivation Of Liberty Safeguards.

## Supporting patients to live healthier lives

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 or referred to the in house health trainer. Citizen's

Advice Bureau advisors and drug counsellors attended the practice. The practice also worked with the diabetes specialist team of nurses to help those patients with more complex needs.

The practice carried out vaccinations and performance rates were higher compared with local and/or national averages for example, results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 83% to 100 % compared with CCG averages of 83% to 97%. Vaccination rates for five year olds ranged from 95% to 99% compared with local CCG averages of 88% to 97%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 75% compared to a national average of 82%.

# 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. 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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the national GP patient survey published in January 2016 (from 105 responses which is approximately equivalent to 1% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 90%, national average 87%).
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 86% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

We received 47 Care Quality Commission patient comment cards which were all positive with regards to the caring nature of staff. We also saw several thank you cards at the reception desk.

### 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. 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 above local and national averages. For example:

- 90% 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%.
- 97% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).

Staff told us that telephone translation services were available. Staff had received additional training for communicating with patients with a learning disability. However, there was no easy read information available or hearing loop.

### 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. However, there was very little Information available in the waiting room or on the practice's web site 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 or signposted those to local counselling services available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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 or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- Some GPs spoke various languages including Punjab, Cantonese and Mandarin.
- There was an open access appointment system for children after school.

### Access to the service

The practice is open 8am to 6.30pm every weekday. The practice operated an open access system to appointments every morning if patients attended by 10am. The practice also offered extended hours appointments on a Monday and Thursday until 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 January 2016 (from 105 responses which is approximately equivalent to 1% of the patient list) showed that patient's satisfaction with how they could access care and treatment were comparable with local and national averages. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 83% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 85%, national average 85%).

However:-

- 65% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 54% said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

The practice was aware of patient dissatisfaction with telephone access and had previously tried to negotiate a new system being installed which had not been successful. The practice was now seeking alternative arrangements. The practice operated an open access system and therefore patients would have to sometimes wait to be seen.

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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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 a practice information leaflet at the reception desk. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

The practice received very few formal complaints but when they did, they were discussed at staff meetings. We reviewed a log of previous complaints and found written and verbal complaints were recorded and written responses included apologies to the patient and an explanation of events.



# 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 had a very clear mission statement: 'As a united team of primary health care professionals, our common goal is to develop high quality services for our patients in order to prevent illness and promote good health'. The partners held regular meetings to discuss practice plans.

### Governance arrangements

Evidence reviewed demonstrated that the practice had embedded systems in place including:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- An overarching governance policy and practice specific policies that all staff could access on the computer system.
- 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 clinical meetings when all clinicians attended, some meetings were attended by guest speakers. Other meetings included: palliative care meetings with other healthcare professionals and monthly whole practice team meetings. However, we were informed one GP did not attend clinical meetings where significant events were discussed and therefore there was a risk that shared learning would be affected.
- 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. For example, medication audits, minor surgery audits and clinical audits.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

### Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

### 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 when possible.

- There was an established PPG and the practice had acted on feedback. For example, the practice had worked with the PPG to implement the open access appointment system.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

The practice team took an active role in locality meetings. For example, one GP was the lead for mental health for the local clinical commissioning group (CCG). Practice staff attended local neighbourhood meetings where innovative local pilot work was discussed. Clinicians kept up to date by attending various courses and events. The practice had recently signed up to the Well Being Charter to provide a good environment for staff to work in.



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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not carried out any risk assessments with regard to staff who did not have DBS checks in place. Some non-clinical staff with chaperoning duties had not had a DBS check.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	