

Dr AM Lewis & Dr R M Patel

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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr AM Lewis & Dr R M Patel on 19 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a patient participation group in place.
- Not all staff had completed Mental Capacity Act (MCA) training and not all staff were able to demonstrate an understanding of the act and could relate it to their roles.

The areas where the provider should make improvement are:

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the process with regard to monitoring prescriptions that had not been collected to identify any patient issues.
- Review the agenda of practice meetings to ensure that it includes all relevant areas related to maintaining

Summary of findings

records of how the practice assess, monitor and improve the quality of service. Meetings should be minuted in order to record summaries of topics discussed and actions to be 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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff received an annual appraisal and discussed training needs.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity which were easily accessible through the practice computer system.
- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked alongside care home staff for support and advice.
- All patients over the age of 75 had a named GP.
- Patients that were admitted to hospital were assessed to look at ways to prevent future deterioration or admission.

Good



People with long term conditions

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

- Community specialist nursing service provided support and education for patients.
- Diabetic indicators for the practice were
- Longer appointments and home visits were available when needed.
- Patients were actively targeted for flu immunisations.
- Referrals were made to local services, for example, DESMOND for diabetic patients newly diagnosed.

Good



Families, children and young people

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

- 81% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months compared with the CCG average of 78% and the national average of 75%.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered opportunistic pre-conception counselling including rubella status, alcohol/smoking cessation advice and folic acid prescriptions.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified.
- Appointments could be booked online, by telephone or face to face at the practice.
- 50% of the appointments were book on the day with the other appointments available to book up to four weeks in advance.
- The practice offered telephone consultations.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of vulnerable patients who refused support from other services and offered extra support to these patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had annual health checks in place for patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Good



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

- The practice held a register of patients with serious mental health illness. All these patients had a care plan in place and were offered an annual physical health check.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the CCG average of 86% and below the national average of 84%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- The practice had an assigned mental health facilitator that they could refer patients to.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 301 survey forms were distributed and 119 were returned. This was a 40% response rate.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).

- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received one comment card which was positive about the standard of care received. We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable and appointments were accessible.

Areas for improvement

Action the service **SHOULD** take to improve

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the process with regard to monitoring prescriptions that had not been collected to identify any patient issues.
- Review the agenda of practice meetings to ensure that it includes all relevant areas related to maintaining records of how the practice assess, monitor and improve the quality of service. Meetings should be minuted in order to record summaries of topics discussed and actions to be taken.

Dr AM Lewis & Dr R M Patel

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr AM Lewis & Dr R M Patel

Dr Lewis & Dr Patel is a small two partner practice situated in Whitwick near Coalville. The practice is in the centre of the residential estate that it serves. There is a car park which has disabled car parking spaces and when the practice is busy on street parking is accessible around the building.

- The practice has two partners (male) and a salaried GP (female). The practice employs a practice manager, two practice nurses along with three administration staff.
- The practice is open between 8.30am and 6pm Monday to Friday. With appointments available in these times.
 - Out of hours care can be accessed by calling the surgery telephone number or by calling the NHS111 service.
- The practice list size is approximately 4000.
- The practice lies within the NHS West Leicestershire Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- The building is shared with another GP practice, school nurses and health visitors.

The practice is registered to provide; diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury at Whitwick Health Centre, 67 North Street, Whitwick, Coalville, Leicestershire, LE67 5HX.

Dr Lewis & Dr Patel has not been inspected previously by the Care Quality Commission.

Why we carried out this inspection

We inspected this service as part of our new 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 November 2015.

During our visit we:

- Spoke with a range of staff (GP's, practice nurse, reception staff and practice manager) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Nine significant events had been reported in 2015.
- Actions had been implemented following the incidents.
- Learning outcomes had been documented however there was no review to check that actions had been completed.
- Positive significant events and near misses were also recorded and reviewed.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- 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 on the practice intranet. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP partners were the leads for safeguarding and the staff were aware of this. The GP's attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- National patient safety alerts were received into practice and were forwarded to a GP who would then look to see if it was applicable and take any action required. These were also discussed with reception staff where relevant.
- 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 and had received a Disclosure and Barring Service check (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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager worked closely with the cleaning service to ensure the quality of the service.
- 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Prescriptions that had not been collected had not been monitored to identify any patient issues.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. 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 of substances hazardous to health and infection control.
- The practice had a legionella assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 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. The practice manager and a GP held a paper copy at home in case of emergency.
- The practice had a buddy agreement with a neighbouring practice in place.

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 had a register of patients with a learning disability. These patients had annual health checks which were completed by one of the nursing staff. At the end of the review a detailed letter and action plan was given to the patient with the outcome. Carers were encouraged to support and be involved in the care plan were appropriate.

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 98% of the total number of points available, with 6.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 96% which was higher compared to the CCG and national average (94% CCG and 89.5% National Average).
- The percentage of patients with hypertension having regular blood pressure tests was 90% which was higher compared to the CCG and national average (85% CCG and 84% National Average).
- Performance for mental health related indicators was 94% similar to the CCG and national average (93% CCG and 89% National Average).

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits through the prescribing committee, benchmarking, accreditation and peer review.
- The practice had identified that there was room for improving audits and the areas focussed on and learning from them.

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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Not all staff had completed MCA training (Mental Capacity Act).

Are services effective?

(for example, treatment is effective)

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice was a small team and discussions were daily and informal. The practice staff also met on a Thursday lunch to discuss any issues however these meetings were not always documented.

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. The practice could refer to other agencies. Tasks were sent through the electronic computer system to other teams if necessary such as health visitors and community nurses. Health visitors were based in the same building as the practice and the GP was able to call in for advice and assistance. We saw evidence that multi-disciplinary team meetings took place on a monthly basis for palliative patients 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.

- Not all staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Not all staff had completed training in this.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 82%.

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.

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 spoke with three patients including one member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 90% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 86%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 88% said they found the receptionists at the practice helpful (CCG average 86%, 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:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had federated with practices in the area to look at how they can work together more effectively with future challenges.
- The practice had book on the day appointments available.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions and if necessary patients would be asked to come and sit and wait to see a GP.
- There was a hearing loop in the practice and translation services were available.
- The practice was all on the ground level and therefore was accessible to all.
- The practice provided a room for antenatal visits so pregnant women could be seen at the surgery.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available from 8.30am to 6pm. In addition to pre-bookable appointments that could be booked four weeks in advance, appointments on the day were also available for people that needed them. Patients could speak with a GP if they wished to by telephoning at 12pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 89% patients said they always or almost always see or speak to the GP they prefer (CCG average 89%, national average 60%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a poster in the waiting area and information in the practice leaflet.

We looked at three complaints received in the last 12 months and found that they had been dealt with in a timely and satisfactorily way. We saw that discussions had taken place with the team in relation to the complaints. Lessons were learnt from complaints and action was taken as a result to improve the quality of care.

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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a five year plan to set out the objectives for the future and identifying key areas for the practice to work on, including skill mix and communication.
- The practice had a transition proposal for a GP that would be reducing the amount of sessions that they worked.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on every computer in the practice.
- A comprehensive understanding of the performance of the practice was maintained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- Clinical audit was used to monitor quality and to make improvements however audits were not proactive and the practice had identified that more topics could be looked at going forward.

Leadership and culture

The partners in the practice had the experience and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

- Staff told us the practice held team meetings however these were not always structured and were on a more informal basis. The practice had identified a need for these to be more frequent and planned.
- Discussions were more informal and incidents were discussed as they occurred.
- Staff appraisals were completed annually.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time or at team meetings. Staff felt confident in doing so and felt supported if they did.
- Staff had clear roles and responsibilities.
- The GPs were flexible in their work and would allow for increased demand or annual leave.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG).
- The PPG was also starting a virtual group to increase size and was advertising on the practice website.
- The PPG had been involved with supporting the health promotion boards in the practice and were working to arrange a carer support meeting for carers of patients.

Continuous improvement

The practice had identified areas for improvement before the inspection and had highlighted practice meetings, audits and learning from complaint and significant events as areas to develop, with staff suggestions for improvement of practice and services.