

Aintree Road Medical Centre

Quality Report

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Date of inspection visit: 16 October 2017

Date of publication: 15/11/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

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 Aintree Road Medical Centre on 16 October 2017. Overall the practice is rated as good but requires improvement for providing safe services.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, there was a lack of formalised risk assessments and monitoring systems for the health and safety of the premises.
- Patients on high risk medications were not always regularly reviewed.
- Emergency medications were available but there was nothing available to treat meningitis. This was rectified on the day of the inspection.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, there were no practice level clinical protocols available for clinicians.
- Care Quality Commission (CQC) comment cards reviewed indicated that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. However, patient satisfaction scores from the national GP patient survey were lower compared with local and national averages. The practice had carried out their own surveys and acted on results but had not addressed the most recent national GP patient survey data.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment. Urgent appointments were available the same day.
- There was a clear leadership structure and staff felt supported by management.

Summary of findings

The provider must:

- Ensure care and treatment is provided in a safe way to patients

The areas where the provider should make improvement are:

- Review the information available in the waiting room and on the practice web site for additional support for patients.
- Review the clinical protocols available for clinicians for chronic disease management; and review the protocol for dealing with uncollected prescriptions to ensure all staff are aware of what to do and that the prescriptions are reviewed by a GP prior to being destroyed.

- Review the current national GP patient survey data and address any areas where the practice is performing lower than local and national averages.
- Review the alert system on patients' records for safeguarding.
- Review plans for clinical audits to improve patient outcomes.
- Review the reporting mechanism for incidents to encourage increased incident reporting to improve shared learning.

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:-

- We found examples of patients on high risk medications that had not received timely reviews and tests. The practice did not have any audits available for patients taking high risk medications.
- There was a system to monitor expiry dates for emergency medication. However, we found that medication for the treatment for meningitis had expired and been ordered 16 days prior to our visit according to the log sheet, but it was not available on the day. A member of staff advised us at the end of the visit that the practice now had this.
- There was a first aid kit available but not all members of staff knew where this was located.
- The protocol for managing uncollected prescriptions did not include GPs checking prescriptions before they were destroyed.
- There was a lack of documented risk assessments and audits for the safety of the premises and no fixed electrical safety wiring certificate. The provider had the electrical wiring checked after our inspection and sent us a confirmation certificate. They also sent us copies of safety data sheets for hazardous materials.

However, the practice did have:-

- A system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. Further improvements could be made in encouraging staff to report as many incidents as possible to promote shared learning.
- Safeguarding policies and protocols. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Further improvements could be made by having alerts on parent or carers' records for children at risk.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance. However, there were no practice level clinical protocols for chronic disease management.

Good



Summary of findings

- The practice had carried out some clinical audits but more could be done to demonstrate quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Information from Care Quality Commission patient comment cards we reviewed indicated that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, patient satisfaction scores from the national GP patient survey were lower compared with local and national averages. The practice had carried out their own surveys and acted on results but had not addressed the most recent national GP patient survey data.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Urgent appointments were 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. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.

Summary of findings

- There were some arrangements in place to monitor and improve quality and identify risk. However, further risk assessments and monitoring systems for the safety of the premises were required.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider complied with the requirements of the duty of candour but not all clinicians were aware of the term.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice had carried out their own surveys and acted on results but had not reviewed the most recent national GP patient survey data. The practice did have a virtual patient participation group.
- Staff training and protected learning time was available for all staff.

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 was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Good



People with long term conditions

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

- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. .
- For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics and provided immunisations.

Good



Working age people (including those recently retired and students)

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

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.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice worked with the local alcohol and drug recovery team.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing in line with local and national averages for some questions but lower in others (based on 85 survey forms representing approximately 3% of the practice's patient list).

- 81% of patients described the overall experience of this GP practice as good compared with the local clinical commissioning group (CCG) average of 84% and the national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 73%, national average of 77%).
- 75% of patients described their experience of making an appointment as good (CCG average 69%, national average of 73 %.)

- 86% of patients said they had confidence and trust in the last GP they saw (CCG average of 96%, national average of 95%.)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, 30 of which were positive about the standard of care received.

We reviewed information from the NHS Friends and Family Test which is a survey that asks patients how likely they are to recommend the practice. Results from July to September 2017 from 53 responses, showed that 44 patients were either extremely likely or likely to recommend the practice, and nine were neither likely nor unlikely to recommend the practice.

Aintree Road Medical Centre

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 advisor and another CQC inspector.

Background to Aintree Road Medical Centre

Aintree Road Medical Centre is located in a deprived area in Bootle, Merseyside. There were 2450 patients on the practice list and the majority of patients were of white British background.

The practice is managed by a limited company S2S Health Limited. There are six GPs. The GPs worked across two practices owned by the provider. GPs worked at this location on fixed days. There is a part time practice nurse, a practice manager, reception and administration staff. The practice is open 8am to 6.30pm Monday to Friday. Patients accessed the Out-of-Hours GP service by calling NHS 111.

The practice is commissioned by NHS South Sefton local clinical commissioning group and has a Personal Medical Service (PMS) contract.

Why we carried out this inspection

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
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia).

The inspection team :-

- Reviewed information available to us from other organisations e.g. local commissioning group.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 16 October 2017.

Detailed findings

- Spoke to staff.
- 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 a system 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 and an incident log book. The incident recording form supported the recording of notifiable incidents under 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, although we found evidence to support compliance with the duty of candour, one of the lead clinicians did not know what was meant by the term duty of candour.
- The practice carried out a thorough analysis of individual significant events and analysed significant events periodically to identify any trends. However, we noted there were very few clinical incidents reported.
- Medication safety alerts were reviewed by the practice manager and patient searches were carried out. Actions necessary were then discussed at clinical meetings.

Overview of safety systems and processes

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Further improvements could be made to safeguarding systems by having alerts on parent or carers records for children at risk.
- 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 (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).

- We observed the premises to be clean and tidy. The cleaning company had cleaning schedules and monitoring systems in place. We were informed that the practice management checked standards of cleaning but these were not documented.
- One of the GPs was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. There had been an annual audit in 2016 carried out by the local IPC team and actions taken as a result. However, the practice did not carry out any of their own internal audits.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. However, we found from a sample of two records that patients on high risk medications had not received any reviews or further tests required. No audits were available to us to demonstrate that the practice monitored patients on high risk medications.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The protocol for managing uncollected prescriptions did not include GPs checking prescriptions before they were destroyed. The guidance available for staff and who had overall responsibility for checking prescriptions was unclear.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

- There was no safety certificate available on the day of the inspection for the fixed electrical wiring for the premises to ensure fire safety. The practice had carried

Are services safe?

out a fire risk assessment which indicated that this had been done. The provider had the electrical wiring checked after our inspection and sent us a confirmation certificate.

- Some risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH), display screen risk assessments for staff and disability access risk assessments had not been documented. The provider sent us some safety data sheets after our inspection for COSHH.
- The practice did have a Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements to respond to emergencies and major incidents.

- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book was available. However, not all staff were aware of the existence of the first aid kit.
- Emergency medicines were available and all staff knew of their location. There was a system to monitor expiry dates for emergency medication. However, we found that medication for the treatment for meningitis had been ordered 16 days prior to our visit according to the log sheet but it was not available on the day. A member of staff advised us at the end of the visit that the practice now had this.
- The practice had a comprehensive business continuity plan for major IT and power failure incidents only. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. NICE guidelines were discussed at staff 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. (QOF is a system intended to improve the quality of general practice and reward good practice).

The practice had carried out some clinical audits. However, there was no plan of audits to demonstrate quality improvement. Clinical Case Reviews were used to look at whether management could have been better or to offer reflective learning opportunities.

The practice reviewed its antibiotic prescribing profiles in conjunction with the local medicines management team.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had locum GPs and there was an induction pack available.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. However, there were no practice specific clinical protocols available for chronic disease management.
- 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. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff attended external training days and had protected learning time once a month.

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.

Staff worked together and with other health and social care professionals 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. Meetings took place with other health care when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

The practice worked closely with the mental health services. The practice was able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations.

Consent to care and treatment

GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and guidance for children. All staff had received training about the Mental Capacity Act.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, the local drug and alcohol recovery team.

Are services effective?

(for example, treatment is effective)

However, there was very little patient information available in the waiting room or the practice website for help with various medical conditions.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if 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 from July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was performing lower compared with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 86%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

Care Quality Commission comment cards we received were generally 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.

The practice had completed their own patient survey which demonstrated patients were happy with the GP and nurse consultations prior to the results of the national survey. The practice had not reviewed the national survey results.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive.

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 but were performing lower than local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 82% and the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. GPs could speak a variety of languages including Polish.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

If families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- There was a hearing loop and interpretation services available.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday.

Results from the national GP patient survey from July 2017 showed that patient's satisfaction with how they could access care and treatment was in line with local and national averages.

- 76% of patients said they could get through easily to the practice by phone (CCG average 64%, national average of 71 %.)
- 75% of patients described their experience of making an appointment as good (CCG average 69%, national average of 73 %.)

The practice had a triage system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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 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. However, the patient information leaflet did not contain information about who the patient could complain to if they did not wish to complain directly to the practice. We were told by a manager this was a printing error and shown another leaflet which was on the practice computer system.
- The practice monitored verbal and written complaints and these were discussed at staff meetings.

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. Staff we spoke with were engaged in the process of continuous improvement to deliver high standards of care.

Governance arrangements

Governance arrangements included::

- A clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- The practice had carried out some clinical audits.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, further risk assessments for the premises were required.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The provider complied with the requirements of the duty of candour but one of the lead GPs was not familiar with the term. (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 provider encouraged a culture of openness and honesty. We reviewed one incident and we found that the practice had systems 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.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- The practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- 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 and staff. It sought feedback from The NHS Friends and Family test, complaints and compliments received and practice surveys. However, the practice had not reviewed the latest national GP patient survey to address some of the lower than average patient satisfaction rates.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was developing and had recently recruited a new GP and nurse. The practice was planning to be a training practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	There were insufficient systems in place to mitigate risks. For example:-
Surgical procedures	There were no documented display screen risk assessments or disability access risk assessments.
Treatment of disease, disorder or injury	Patients on high risk medications had not been reviewed appropriately and there were no audits available.
	Regulation 12 (2) (b)