

# Abercromby Family Practice

## Quality Report

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Date of inspection visit: 8 October 2015  
Date of publication: This is auto-populated when the report is published

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 Abercromby Family Practice on 8 October 2015.

Overall the practice is rated good.

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

- The inner automatic door to the premises was not re-installed following a building refurbishment in 2012/13. This made it difficult for patients who use wheelchairs or prams to access. The building was shared with the local community health service and the practice had reported this to NHS Property Services but the matter had not yet been resolved.
- The practice served a diverse population group and approximately 20% of patients did not speak English. The practice therefore regularly used interpreters.
- The practice was in the process of re-evaluating the appointment system.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- There had been a high turnover of staff over the past few years due to staff career progression. A new practice manager had been employed and policies had been reviewed and some work was still in progress.

There was an element of outstanding practice in that the practice worked closely with the patient participation group (PPG) to ensure they acted on patients views. This included the PPG being involved in the recruitment process of all staff and having a direct influence on how appointments were scheduled.

However, importantly, the provider must:

- Increase the monitoring of the clinical performance of locum and trainee GPs and ensure all staff adequately completes their induction and refresher training.

There were improvements the provider should consider:-

- Have more information available in the waiting room and practice website about support groups for patients especially carers and how to make a complaint.

# Summary of findings

- Carry out display screen equipment (DSE) risk assessments for all staff working at a computer as per Health and Safety Executive DSE regulations (1992) to ensure the welfare of their staff.
- Install a fully functioning panic alarm system for the safety of staff and for use in medical emergencies.
- Increase the monitoring of patients who are experiencing mental health issues to improve patient outcomes.
- Improve infection control monitoring for the premises with regard to the condition of toilet facilities and clinical waste disposal.

**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 requires improvement for providing safe services. The practice took the opportunity to learn from internal incidents, to support improvement. However, clinical performance of locum GPs could be more effectively monitored and risk assessments for the safety and welfare of staff were not complete.

There were systems, processes and practices in place that were essential to keep patients safe including infection control, medicines management and safeguarding.

Requires improvement



### Are services effective?

The practice is rated good for providing effective services. However, some data showed patient outcomes were at or below national averages for immunisation, cervical screening and mental health outcomes. The practice had recent changes to its nursing staff and was aware of the low data results and was exploring ways to improve performance.

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

Good



### Are services caring?

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

Good



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

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

Good



### Are services well-led?

The practice is rated good for being well-led. The practice had previously had a high turnover of practice managers due to career progression. The new practice manager had updated all policies.

Good



# Summary of findings

The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated good 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 nursing home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

Good



### People with long term conditions

The practice is rated good for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. The practice had clinics run by the nurse, clinical support worker and a medicines management pharmacist. The recall system for patient reviews was in the process of being redesigned at the time of our inspection.

Good



### Families, children and young people

The practice is rated good for families, children and young people. 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. The practice regularly liaised with health visitors.

Good



### Working age people (including those recently retired and students)

The practice is rated good for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered online appointment bookings and prescription ordering. The practice does not offer extended hours but does have earlier and later appointments specifically for patients who were unavailable during normal appointment hours. The practice had recently switched to an on the day appointment system but following feedback from patients, more pre-bookable appointments were available.

Good



### People whose circumstances may make them vulnerable

The practice is rated good 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

Good



# Summary of findings

were available for people with a learning disability. The practice had signed up for asylum seeker enhanced services contract and liaised with a 'social inclusion' team based in the same premises as the practice.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as requires improvement for people experiencing poor mental health. There had been a number of significant events involving patients experiencing poor mental health. The practice had recognised this and had begun to implement new ways of working and staff had received further training. Patients experiencing poor mental health received an invitation for an annual physical health check and we were informed that 52% of eligible patients had received a review. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically.

**Requires improvement**



# Summary of findings

## What people who use the service say

Results from the National GP Patient Survey July 2015 (from 91 responses which is equivalent to 1.5% of the patient list) demonstrated that the practice was performing in line with local and national averages. For example:

- 87% of respondents describe their overall experience of this surgery as good compared with a CCG average of 87% and national average of 85%.
- 80% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 79% and national average of 78%.

However; results indicated the practice could perform better in certain aspects of care, for example:

- 84% of respondents say the last appointment they got was convenient compared with a local CCG average of 93% and a national average of 92%.

The practice scored higher than average in terms of patients finding staff helpful and overall satisfaction. For example:

- 91% of respondents find the receptionists at this surgery helpful compared with a CCG average of 88% and national average of 87%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards (which is 0.06% of the practice patient list size) which were overall positive about the standard of care received. GPs and nurses all received praise for their professional care. However, one comment related to not being able to make pre bookable appointments.

The practice participated in the NHS Friends and Family test which is a survey that asks patients how likely they would recommend the service. There were very few returns on a monthly basis. For example, in August 2015, there were only four responses, three of which were extremely likely to recommend the service and one respondent was unlikely to recommend the service.

# Abercromby Family Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Abercromby Family Practice

Abercromby Family Practice is situated in a purpose built health centre, located in a deprived area of Liverpool. There were 5941 patients on the practice list at the time of our inspection and the practice serves patients from a diverse range of nationalities, including Arabic, Somalian and Cantonese.

The practice is a training practice managed by three GP partners. There are also two salaried GPs and a GP locum and three registrars. There is a practice nurse and a clinical support worker. Members of clinical staff are supported by the practice manager and an assistant manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday but is closed once a month on a Thursday afternoon for staff training. Appointments with GPs are available from 8.30am to 11.30am and 3.30pm to 5.30pm. In addition, the practice offers early and later appointments with the practice nurse and health support worker on Monday, Wednesdays and Thursdays from 8.15am to 12pm and from 1.30pm to 6pm. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24.

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

## Why we carried out this inspection

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

## How we carried out this inspection

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

# Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 8 October.
- Spoke to staff and representatives of the PPG.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

The practice took the opportunity to learn from internal incidents, to support improvement. All staff were involved in incident reporting and those we interviewed told us they could do this confidently and felt supported to do so without any fear of blame. There was a significant event policy and recording forms available.

The practice had identified some significant events involving patients experiencing poor mental health. In response to this the practice staff had received additional training. In keeping with the Duty of Candour, the practice had shared other significant event investigations with the patients involved.

Information about safety alerts was disseminated to practice staff. However, a recent health and safety alert regarding cords on window blinds had not been actioned. The practice manager assured us this would be rectified.

### Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep people safe, which included:

- Arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP provided reports where necessary for other agencies and met with health visitors on a monthly basis to discuss any child safeguarding concerns. Clinical staff demonstrated they understood their responsibilities but not all clinicians were up to date with their refresher training.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). These 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.
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks for clinical staff.
- Trainee GPs and locum GPs told us they felt well supported and had received appropriate induction training, attended meetings and discussed clinical cases. One of the GP locums had been told as part of their induction where the emergency drugs and equipment was but had not actually been shown what was available. Following the inspection, the provider assured us this had now been done. The practice was redesigning a locum support document. There were no other monitoring systems in place to check individual clinical performance such as consultation or referral audits. In addition, some GPs were not up to date with the practice e-learning training. The provider assured us this would be rectified.
- Procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and poster on display in the reception area. The practice did not own the building which was in need of some redecoration and repair. The practice had up to date fire risk assessments and had recently carried out a fire drill. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, in the reception area, cables from a computer were overhanging a desk which could potentially cause an accident and we noted staff did not appear to be correctly seated at their desks to avoid any long term health issues. The practice manager advised us that no display screen equipment risk assessments had been carried out for staff but would do this in the future.
- The practice was generally clean and cleaning schedules and monitoring systems were in place. However, some improvements could be made, for example, there was no soap available in one of the patients' toilets and the baby changing facility needed cleaning. One of the GPs and the practice nurse were the designated leads for infection control. There was an infection control protocol in place and staff had received up to date training. Legionella risk assessments and regular monitoring were carried out. There were

## Are services safe?

appropriate spillage kits and clinical waste disposal facilities and contracts in place. However, in one room used to administer vaccinations, we found a sealed sharps box on the floor which could potentially cause harm, especially to small children. The practice nurse immediately moved this to a safer place.

- Arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. However, there were old and new log books for monitoring prescriptions and we noted that on two occasions, GPs had recorded details in the older book which meant that the audit trail for use of prescriptions may have been missed.

### **Arrangements to deal with emergencies and major incidents**

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

The practice had a defibrillator available on the premises but did not have any oxygen or a risk assessment in place as to why it was not available. The provider advised us the day after the inspection that oxygen had been ordered. The practice used software on its computer systems for a panic alarm. We were informed that some alarm systems on the computers were not working correctly.

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 however staff were not aware of the plan and had been given the instruction to contact the practice manager.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

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

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people. Consent forms for surgical procedures were used and scanned in to the medical records.

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had recently undergone a change in staffing and a new practice nurse had joined the practice in June 2015 who had only just completed their immunisation training at the time of the inspection. Inevitably this had affected some data for outcomes for patients. For example,

- Childhood immunisation rates (2014) for the vaccinations given to two year olds and under ranged from 81.8% to 92.4% and were lower than CCG averages of 83.4% to 96.3%. Vaccination rates for five year olds were also lower and ranged from 65.3% to 86.7% compared with local CCG averages of 88.3% to 97.2%.
- The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 68.86% compared to a national average of 73.24%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 67.22% compared to a national average of 81.88%.

The practice had worked with other community health groups to see how cervical screening rates could be improved especially for patients from different cultures. We were advised bowel screening rates were higher compared to local CCG uptake and the flu intake had increased. There were no patient information posters to advertise the flu vaccination in the waiting room areas.

### Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

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

Incoming mail such as hospital letters and test results were scanned onto patient notes by administration staff and then read by a clinician. Arrangements were in place to share information for patients who needed support from out of hours.

The practice worked with a variety of other health care professionals including health visitors, midwives and district nurses.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Results from 2013-2014 were 86.2% of the total number of points available. The practice showed us evidence that this figure had increased to 91% for the year 2014-2015. This practice was an outlier for some QOF (or other national) clinical targets. Data from 2013-2014 showed:

# Are services effective?

(for example, treatment is effective)

- Performance for diabetes assessment and care was comparable with the national averages for some aspects of care.
- Performance for mental health assessment and care was much lower than the national averages.

The practice screened patient over the age of 45 years for diabetes and had met local targets for diabetes management. The practice had recently employed an assistant practice manager to specifically manage QOF data to monitor patient outcomes.

The practice could evidence quality improvement with clinical audits and all relevant staff were involved. For example, we saw documentation from two cycles of clinical audit for patients who had received a splenectomy and required antibiotic cover and vaccinations and a lithium medication monitoring audit, both of which demonstrated an improvement in clinical care.

## Effective staffing

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

- There were enough staff to provide services and this was monitored. The practice did use locums but these were regular locums. The practice was developing a new locum induction pack for their information.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Clinical staff attended protected learning events organised by the CCG. However, not all staff were up to date with their refresher training. The practice manager had a training matrix to monitor staff training and was aware of who needed to attend courses.
- There were annual appraisal systems in place. Training needs were identified through appraisals and quality monitoring systems.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

Patient CQC comment cards we received were positive about the service experienced. We also spoke with members of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs but there was no notice about this information available to patients in the reception and waiting areas. Staff told us that if families had suffered bereavement, their usual GP contacted them to ascertain if they needed further support.

One of the GPs was previously a 'carer's champion' and the practice kept a register of carers. However, there was no further information for carers on the website or waiting room.

Data from the National GP Patient Survey July 2015 showed from 91 responses that performance was comparable with local and national averages for example,

- 88% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

### Care planning and involvement in decisions about care and treatment

Patients from the PPG told us that health issues were discussed with them and 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.

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

- 91% 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%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

There was an established and very active Patient Participation Group (PPG) which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG also played an active role in the recruitment of new staff. The PPG recognised the large cultural diversity of the practice population and actively tried to engage patients and gain their feedback by talking to patients in the waiting room.

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

- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were translation services available and but very few patient leaflets available in other languages.

### Access to the service

The practice is open 8am to 6.30pm every weekday but is closed once a month on a Thursday afternoon for staff training. Appointments are available from 8.30am to 11.30am and 3.30pm to 5.30pm for GPs. In addition, the practice offers early and later appointments with the practice nurse and health support worker on Monday, Wednesdays and Thursdays from 8.15am to 12pm and from 1.30pm to 6pm. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Urgent Care 24.

Earlier in the year, in response to patient feedback, the practice had tried to improve access to the service by only

having appointments available on the day. Following a survey after the trial period there had been complaints from patients about not being able to pre-book in advance and the practice was in the process of revising the system. The revised system allowed approximately one third of appointments to be pre booked up to four weeks in advance. Further evaluation was to take place.

The inner automatic door to the premises was not re-installed following a building refurbishment in 2012/13. This made it difficult for patients who use wheelchairs or prams to access. The building was shared with the local community health service and the practice had reported this to NHS Property Services but the matter had not yet been resolved.

### Listening and learning from concerns and complaints

The practice has 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 in a practice leaflet but this was not available in the waiting room. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. Letters to patients in response to complaints, made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

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

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice aimed to provide high quality personal care in a friendly setting. The practice team were passionate about providing the best possible care. The GP partners met on a weekly basis to discuss the operational delivery of the service.

### Governance arrangements

The practice had a high turnover of staff in recent years due to career progression. The practice manager was relatively new in place and had begun to build a team and review policies in place, some of which were not yet embedded. The practice had also recently employed an assistant manager to help with data management to improve patient outcomes and a new practice nurse. Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- Practice specific policies that all staff could access.

- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: weekly partner and clinical meetings where possible and monthly palliative care meetings. The practice closed one afternoon a month for a practice meeting and training. Meeting minutes were circulated and available for all staff.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.
- Encouraged and supported staff via informal and formal methods including structured appraisals to meet their educational and developmental needs. The practice is a training practice but further work was needed to ensure completion of induction, refresher training and monitoring of clinical performance.

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 18 HSCA (RA) Regulations 2014 Staffing GP locums had not received on going assessment to ensure their competence and some GPs were not up to date with their e-learning requirements. In addition, locum induction was incomplete. Regulation 18 (2) (a)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	