

Dr KM Al-Kaisy Practice

Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement

overall. (Previous inspections May 2016 and 2017 – Requires improvement)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Dr Al-Kaisy's Practice on 23 April and 9 May 2018, to follow up on breaches of regulations identified at our inspection in May 2017. We had to visit the practice over two separate occasions to complete the inspection as a key member of staff was not available on the first visit due to personal reasons. At our previous inspection in May 2017, we rated the practice requires improvement for providing safe and effective services. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for link for Dr KM Al-Kaisy Practice on our website at www.cqc.org.uk.

At this inspection we found:

- The practice had ineffective systems to manage significant events, safety alerts, COSHH and fire safety.
- Systems to keep people safe and safeguarded from abuse were reflective of best practice.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice organised and delivered services to meet patients' needs, for example, contraceptive services borough wide.
- The practice did not have a mission statement or formalised values and visions.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review and take steps to improve indicators which are below national averages such as QOF figure for diabetes and childhood immunisation.
- Review the required staffing levels to operate effectively, including reception staff.
- Consider how the practice provide access to a female GP when requested by patients.
- Review and provide clinical staff with the appropriate tool for assessing pain in patients.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an expert by experience.

Background to Dr KM Al-Kaisy Practice

Dr Al-Kaisy's Practice provides primary medical services to approximately 4750 patients. The practice is in a purpose-built building located in a residential area of Dagenham and is commissioned by Barking and Dagenham Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services).

The practice is registered with the Care Quality Commission as a partnership to provide the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services, surgical procedures and family planning.


The practice runs a number of services for its own patients and patients registered in other practices within the same CCG. Services include family planning services and is also a Yellow Fever Centre. The practice provides primary medical services to a local residential care home in the locality.

The practice has two male GP partners providing 14 GP sessions a week. The practice employs a part time female


practice nurse working 14 hours per week and a part-time healthcare assistant. The clinical team are supported by a practice manager, assistant practice manager/secretary and two administration/reception staff.

The practice is open between 8am and 6.30pm Monday to Friday and 9am to 1pm on Saturday. Nurse appointments are available during the week and on Saturday between 9am and 1pm. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments and telephone consultations are also available for people that need them on the day. Out of Hours service are delivered by a different provider, which could be accessed by calling the surgery telephone number.

Information taken from the Public Health England practice age distribution shows the population distribution of the practice is similar to that of other practices in CCG. The life expectancy of male patients is 76 years, which is lower than the CCG average of 77 years and the national average of 79 years. The female life expectancy at the practice was 81 years, which is the same as the CCG average and lower than national average of 83 years. Information published by Public



Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.



The practice was previously inspected under the Care Quality Commission's current inspection regime.

Are services safe?

We rated the practice as requires improvement for providing safe services.

At our previous inspection on 15 May 2017, we rated the practice requires improvement for providing safe services as they were failing to carry out necessary pre-employment checks, mandatory training and the fire risk assessment was found to be out-dated.

At this inspection, we found that the practice had made improvements, however the practice remains rated requires improvement as we had concerns about significant events management, COSHH management and fire safety.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had improved how they carried out staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage most risks to patient safety excepting those related to fire safety, health and safety and COSHH.

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

patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice told us they were in the process of recruiting additional reception/admin staff. The assistant practice manager assisted in answering the telephones during busy periods.

- There was an induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- The practice rented the premises from a landlord and was responsible for carrying out fire drills, however the practice could not demonstrate regular fire drills were undertaken as part the practice's emergency procedures. We were not assured staff would know the correct procedure for safely evacuating the building in the event of a fire.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its

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antibiotic prescribing and worked alongside the local medicines management team to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. We reviewed patients on various high-risk medicines and found the monitoring systems in place kept patients safe.

Track record on safety

The practice had a track record on safety for most risks, however this needed improving to ensure all risks were identified and monitored to prevent harm to those who used the service.

- There were risk assessments in relation to most safety issues.
- There were no control of substances hazardous to health (COSHH) risk assessments for substances that had the potential to cause harm.
- The practice did not have a comprehensive health and safety risk assessment in place. Instead we were given a tick box self-assessment which was not completed by an appropriately trained person.

Lessons learned and improvements made

On the day of inspection, the practice could not demonstrate that they learned and made improvements when things went wrong.

- Staff we spoke with understood their duty to raise concerns, however there were inconsistencies in how

they formally reported incidents. We saw that staff reported incidents in a book kept at reception, however we did not see evidence that all incidents were discussed in practice meetings. During the second visit on 9 May 2018, the practice manager told us incidents were recorded using the significant event reporting form.

- At the inspection on 23 April 2018 none of the staff whom we spoke with were able to access the significant event policy or the recording template used. On our second visit on 9 May 2018, the practice manager presented us with a policy which was created in May 2018 and three significant events which were recorded on the new templates.
- The systems in place for reviewing and investigating when things went wrong needed strengthening to reduce the likelihood of similar incidents recurring in the future.
- We reviewed the alert's folder held in the practice manager's office where medicines alerts, NICE guidance and other patient safety alerts were stored and we found this to be out of date at the time of our visits. The practice had a system in place for receiving and cascading alerts, however due to absence of the responsible staff member this had lapsed and was not maintained regularly. Example of the last alert reviewed related to insulin syringes which dated back to 16 November 2016.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall and across all population groups.

At our previous inspection on 15 May 2017, we rated the practice requires improvement for providing effective services. This was because staff appraisals had lapsed.

At this inspection, we found that all staff had received annual appraisals. The practice is now rated as good for providing effective services.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice, however at the time of our inspections these were not updated, reviewed and monitored. Clinicians told us they regularly reviewed the CCG's intranet pages for any new updates. From the sample of patient records reviewed, we saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff we spoke with on the day could not specify what tools were used to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12-month period the practice had offered 208 patients a health check; 84 of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated requires improvement for effective because outcomes for diabetes indicators were lower than local and national averages.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice demonstrated how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 61%. The practice's achievement was below the local CCG average of 79% and national average of 78%. The practice told us patients failed to attend their review appointments. When we asked what strategy had been put in place to drive improvements the practice told us they did not have one. We also reviewed the 2017/18 QOF data for this specific indicator and found results had worsened to 57%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above in three out of four indicators. The indicator which was below 90% was at 87.2%.

Are services effective?

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Parents who refused or failed to attend immunisation appointments were made known to the health visitors.

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

- The practice's uptake for cervical screening was 69%, which was in line with local and national averages, but below the 80% coverage target for the national screening programme. There were failsafe systems in place to ensure a result was received by the practice for every sample sent. Between January 2018 and April 2018, one inadequate smear was recorded and we saw that the practice contacted the patient to rebook the appointment.
- The practices' uptake for breast and bowel cancer screening was in line with local average, but below the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a palliative care register which was coded using the traffic light system and all staff knew what the colours meant. At the time of our inspection 5 (0.11% of practice population) patients were listed on this register.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the local CCG and national averages.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the local CCG and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected, patients were referred to the memory clinic.
- The practice offered annual health checks to patients with a learning disability. Seventeen of the 21 patients on the learning disability register had been reviewed in the last year and the remaining four had their review scheduled.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, the practice audited patients who were on long acting reversible contraceptive methods (LARC) and found 147 patients who used the service were patients registered in other GP practices in the locality. Where appropriate, clinicians took part in local and national improvement

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initiatives. For example, the clinicians told us they worked closely with the CCG's medicines management team in monitoring quality through audits for atrial fibrillation and hospital only drugs. In addition, they told us there was ongoing communication with the prescribing team around effective antibiotics prescribing and medicines optimisation.

- The most recent published Quality Outcome Framework (QOF) results were comparable at 98% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 95% and national average of 96%. This was achieved with an exception reporting rate of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- The practice was involved in some quality improvement activity; however, these were CCG led initiatives for example, audits undertaken since our last inspection in May 2017. Audits related to Atrial Fibrillation, Hospital only medicines and Sodium Valproate.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained by way of a training matrix. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- We saw evidence the practice took steps and sought advice for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. Staff told us they were proactive in referring patients once consent was obtained.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. For example, the practice maintained a register of patients aged 18 and

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older who had a body mass index (BMI) greater than 30. Patients were referred to dietician or were encouraged to take advantage of the free gym pass offered within the local borough.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Consent forms were used and the practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- The practice shared the reception area with another GP practice which meant information could be easily overheard by other patients. Reception staff told us if patients wanted to discuss sensitive issues or appeared distressed they offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- Staff had received training in password protection.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Family planning and contraceptive services including long-acting reversible contraception (LARCs) were provided to all patients living in the Barking and Dagenham locality.
- The practice was a designated Yellow Fever Centre so could therefore provide this vaccination to anyone in the locality.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Patients had access to a visiting phlebotomist who attended the practice weekly. Patients were able to book venepuncture appointments at reception.
- During our first of two visits we found that some of the seats in the reception area were badly torn, when we undertook the second visit approximately two weeks later we found these had been replaced.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, Saturday appointments were available with the nurse.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Are services responsive to people's needs?

- The practice held GP led dedicated monthly mental health and dementia clinics. Patients known to the GP and were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and it acted as a result to improve the quality of care. For example, where there was an error regarding a patient's medication, we saw the practice admitted the GP made the error, apologised to the patient and detailed in the response how the practice had learned from the incident and steps they had taken to reduce the likelihood of such incident from happening again.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- Significant event process was ineffective which led to inconsistencies in reporting.
- Safety alerts were not shared, discussed or cascaded. The system in place was not consistently followed due to the absence of the person responsible for managing this.
- The leadership structure was fragmented due to ongoing staffing issues.
- We found that substances which may be harmful to health had not been assessed in accordance with COSHH guidelines.

Leadership capacity and capability

Although leaders had the capacity to deliver quality care, however due to ongoing staffing challenges important management tasks were not fulfilled. With this in mind, the practice have not been able to fully address all challenges faced by the service. Leaders we spoke with during the inspections told us they had begun the process of restructuring the organisation by developing capacity and skills of an existing member of staff who will take on the practice management role. The practice had received resilience funding from the local CCG and used this to fund the practice management diploma course for this member of staff. The staff member was permitted one study day per week to attend this course.

Vision and strategy

The practice's strategy and vision was not documented or formalised and we did not see any credible action plan to deliver high quality, sustainable care. At the time of our inspection the organisation could not demonstrate what immediate action they were taken to address the risks facing the leadership team.

Culture

We were told by clinical and non-clinical staff that the practice ethos's centred around delivering high quality care. However, the practice were experiencing staffing challenges within the leadership team.

- All staff we spoke with stated they felt respected, supported and valued. They were all long standing employees and told us they were proud to work in the practice.
- Openness, honesty and transparency were demonstrated when responding to complaints. However significant events were not always recorded and investigated, for example, we saw example of medication errors that were not recorded and investigated as incidents.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development, for example, the practice nurse had recently completed a women's health training course and will be starting a spirometry course.
- The practice promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff told us relationships were positive amongst all staff.

Governance arrangements

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, no action had been taken to cover the responsibility of management staff when absent.
- Practice leaders had established proper policies excepting for significant events/incident, procedures and activities to ensure safety, however the policy for significant event was not consistently followed.

Managing risks, issues and performance

The processes for managing most risks, issues and performance were embedded, however those relating to significant event, fire safety, health and safety and safety alerts needed reviewing to ensure adherence to standards and guidelines.

Are services well-led?

- Practice leaders did not have oversight of all significant events and national and local safety alerts.
- Clinical audits completed by the practice were initiated by the local CCG. These had a positive impact on quality of care and outcomes for patients.
- The practice had major incident plans in place and had trained staff for to respond to major incidents appropriately.
- The practice had not fully assessed the impact staff sickness or other long-term absence could have on the delivery and quality of care.
- The practice could not demonstrate what plans were in place to address and improve underperforming areas such as individual diabetes indicator.
- The practice used information technology systems to monitor and improve the quality of care. For example, the local CCG had provided two laptops to the practice which clinicians used when undertaking remote visits.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice used performance information which was reported and monitored and management and staff were held to account.

Continuous improvement and innovation

There were evidence of systems and processes for learning and staff development.

- There was a focus on learning and improvement as evidenced in staff development and further training.

Please refer to the Evidence Tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The system and process for managing safety alerts operated ineffectively.• Fire drills were not undertaken.• Significant events were not always recorded, investigated or discussed in practice meetings.• COSHH risk assessments were not in place for hazardous substances held on site.• Health and safety risk assessment had not been carried out to identify and mitigate risks to patients and staff. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Management had not ensured appropriate systems and processes were in place for reporting and managing incidents, health and safety, COSHH assessments, fire arrangements and safety alerts.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.