

Croston Medical Centre

Inspection report

30 Brookfield

Croston

Leyland

Lancashire

PR26 9HY

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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Inadequate



Overall summary

This practice is rated as inadequate overall. (Previous rating January 2018 – Good)

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Croston Medical Centre on 28 June 2018 in response to concerns and to follow up breaches of regulations identified at our inspection in January 2018.

At this inspection we found:

- The practice did not have clear systems in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, these were not always reported.
- The governance of the practice was poorly managed. Leaders lacked the capacity and capability to manage the practice effectively.
- Policies and procedures had not been established to enable the practice to operate safely and effectively.
- There was no management oversight of staff training and some staff had not been supported for their training needs.
- There was little evidence that quality improvement activity was embedded into practice to ensure continuous learning and development.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- The practice took patient complaints seriously and responded to them appropriately.

•Staff reported a lack of leadership support from GPs. There was a lack of time in some meetings and during staff appraisal to allow meaningful discussion.

•There was little evidence of practice engagement with the patients, the public, staff and external partners.

•Our concerns with the governance and leadership of the practice identified in three previous inspections had not been addressed effectively. Governance and leadership of the practice was inadequate.

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:

•Consider the regular review of all vulnerable children and young people.

This service has been rated as inadequate for providing well-led services. This is in response to repeated ratings of requires improvement for this key question and a history of non-compliance. We rated the practice as requires improvement for providing well-led services following our inspections of the practice in November 2016, June 2017 and January 2018 for issues relating to the poor governance of the practice. We found that this had not improved at this inspection.

We are therefore taking action in line with our enforcement procedures but we are aware the provider has applied to cancel their registration with CQC and a new provider will be in place.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Croston Medical Centre

Croston Medical Centre, 30 Brookfield, Croston, PR26 9HY, is situated within a purpose-built health centre in a residential area of Croston, Leyland in Lancashire. The practice also has a

branch surgery in Eccleston Health Centre at Doctors Lane, Eccleston approximately three miles away from the main surgery. Patients can attend either surgery. We did not visit the branch surgery for this inspection. The practice website can be found at www.crostonmedicalcentre.nhs.uk

The practice delivers primary medical services under a General Medical Services (GMS) contract with the NHS Chorley and South Ribble Clinical Commissioning Group (CCG).

The practice provides services to approximately 3,911 patients. Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. There are considerably more patients aged over 45 years of age on the practice register, 52%, compared to the national average of 43% but a lower percentage of patients with a

long-standing health condition, 39%, compared to the national average of 54%.

The practice has two female GP partners, one regular male long-term locum GP and one practice nurse. They are assisted by six administration and reception staff and one practice medicines co-ordinator. At the time of our inspection, there had been no permanent practice manager in post since January 2018. A practice manager from another GP practice was employed for an average of nine hours each week to assist the GPs in the management of the practice.

When the surgery is closed patients are directed to the local out of hours service (GotoDoc) and NHS 111. Information regarding out of hours services is displayed on the website and in the practice information leaflet.

The practice is registered with CQC to provide maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- Safeguarding processes were not comprehensive.
- Recruitment processes for temporary staff were lacking.
- Safety records and appropriate risk assessments were incomplete.
- Some patient referral letters made by one GP lacked detail.
- The management of some high-risk medicines was not comprehensive.
- Significant event records were not always recorded or well-managed.

Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse although these systems were not always comprehensive. There was no ongoing discussion of all children and young people on the register of vulnerable patients. Not all staff received up-to-date safeguarding and safety training appropriate to their role. One new staff member employed on 2 April 2018 had received no formal training. There was no safeguarding adults policy available for staff reference although staff knew how to identify and report concerns. There were contact numbers available on the office and clinical room walls. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks for permanent staff at the time of recruitment, however these checks were lacking for temporary staff.
- The practice had a policy for infection prevention and control (IPC). However, this policy was not being followed and was not up to date. Actions identified by an IPC audit had not been carried out.

- The practice had some arrangements to ensure facilities and equipment were safe and in good working order. However, premises and health and safety risk assessments were not comprehensive; there was no legionella risk assessment in place (legionella is a term for a particular bacterium which can contaminate water systems in buildings), no building electrical safety certificate, fire extinguishers had not been checked annually and no safety sheets were in place for chemicals used in the practice.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not adequate.

- 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.
- There was an induction system for temporary staff tailored to their role however, this system did not include full formal training in areas relevant to the role such as safeguarding, IPC and information governance.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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.
- When there were changes to services or staff the practice did not assess and monitor the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients but this information was not always shared appropriately.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- Clinicians made timely referrals although we saw that referrals by one GP often lacked sufficient detail.
- Patient test results were managed safely and in a timely way although there was no documented practice procedure for this.

Appropriate and safe use of medicines

The practice did not always have 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 generally prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, the management of patients who were taking certain high-risk medicines was not comprehensive.
- The practice had reviewed its antibiotic prescribing and taken action 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. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice did not have a good track record on safety.

- Risk assessments in relation to safety issues were not comprehensive.
- The practice did not monitor and review safety using information from a full range of sources.

Lessons learned and improvements made

The practice did not consistently learn and make improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong although the practice did not take every opportunity to do this. The practice learned and shared lessons and took action to improve safety in the practice although we noted that themes from these events were not always identified.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as requires improvement for providing effective services overall.

The practice was rated as requires improvement for providing effective services because:

- There was evidence that quality improvement activity was not embedded into practice.
- Staff training needs were not always supported.
- Information to deliver effective care and treatment was not always supplied to other services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. 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 advised patients what to do if their condition got worse and where to seek further help and support.
- The numbers of practice patients who attended the local accident and emergency department or were unexpectedly admitted to hospital were low compared to other practices in the clinical commissioning group (CCG).

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- 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:

- 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.
- Adults with newly diagnosed cardiovascular disease were offered 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 was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. There was evidence that blood pressure control for diabetic patients was in need of improvement and clinicians were aware of this and told us they had worked to improve patient outcomes. Exception reporting rates for the practice were low (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Families, children and young people:

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) target percentage of 95% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 84%, which was above the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

- 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 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.
- 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.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was above or in line with local and national averages. Exception reporting for these patients was low.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity. It did not routinely review the effectiveness and appropriateness of the care provided.

- The practice carried out some clinical audit activity and results of these were discussed in meetings. However,

there was little evidence that learning from other areas of quality improvement including from incidents, complaints and external audit was used to improve service delivery.

- The practice medicines co-ordinator worked with members of the CCG medicines management team to ensure that prescribing was in line with best practice. However, monitoring arrangements required for patients taking some high-risk medicines were incomplete.

Effective staffing

Interviews with staff and staff files that we viewed evidenced that staff generally had the skills, knowledge and experience to carry out their roles. However, we were unable to view a full record of staff training on the day of inspection as there was no on-site management oversight of this.

- 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 did not always understand the learning needs of staff. We were told staff had access to online training but managers did not have any access to this and so were unable to show us what training had been completed. A member of staff told us a request for training to support a new role in the practice had not been given proper consideration. One new staff member who started in the practice in April 2018 had received no access to formal online training, for example for safeguarding, infection control or information governance. We were told the practice was waiting for that staff member's probationary period of three months to finish before formal training was started.
- There was an induction programme for new staff although this did not include formal training. The practice carried out staff appraisals, coaching and mentoring and clinical supervision. Staff told us that the appraisal process in 2018 had been very brief with insufficient time given for in depth discussion.

Coordinating care and treatment

Are services effective?

Staff generally 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 discussing 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. However, we saw evidence that some patient referrals made by one GP contained incomplete information to enable safe and effective care and treatment. 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 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.

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.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were generally above local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were able to supply information to patients in a way that enabled them to understand the information they were given.

- The practice had 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.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private area to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

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 patients' needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- 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.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

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.
- Patients aged over 75 years of age who were not seen regularly in the practice were offered a health check.
- Patients who had nominated individuals to discuss their care on their behalf were identified clearly on the patient electronic health record.

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 and other health and social care team members to discuss and manage the needs of patients with complex medical issues.
- The practice nurse visited housebound patients to conduct annual reviews when necessary.

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.
- 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, extended opening hours.
- There were telephone appointments with GPs available each weekday.
- Patients could book appointments online.

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.
- The practice proactively identified those patients who were showing signs of dementia and referred them to secondary care when appropriate.

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.

Are services responsive to people's needs?

- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were considerably above local and national averages for questions relating to access to care and treatment. Patients reported they liked the open access to GP appointments offered every day at the practice main and branch sites.

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 also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

The practice was rated as inadequate for providing safe services because:

- The leadership of the practice lacked capacity and capability.
- A culture to provide high quality care in the practice was lacking.
- Governance systems were not understood and so were not being operated effectively.
- The practice had been rated as requires improvement for providing a well-led service in three previous inspections.

Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were not knowledgeable and showed a lack of understanding about issues and priorities relating to the quality and future of services. There was evidence of a lack of insight relating to quality improvement and the management of risk.
- GPs were visible and approachable about patient care and treatment, however, there was a lack of management resources to enable them to support staff in all other areas of the practice, with staff feeling unsupported.
- The practice did not have effective processes to develop leadership capacity and skills, for example there was a lack of someone who was able to take an overview of the governance of the practice and be able to implement and monitor the way the practice operated. The practice had been without the services of a permanent practice manager since January 2018 and a new practice manager recruited to the role in February had worked in the practice for less than a week. GPs had not delegated any leadership roles to staff or recruited additional support other than a practice manager from another GP practice for an average of nine hours a week and some additional administrative support from an existing staff member.

Vision and strategy

The practice did not have a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice had not planned sufficiently to address the lack of management of the practice. There was no effective strategy to provide staff with the support they needed and ensure that the governance of the practice was effectively operated.
- Staff were keen to strive to deliver the best possible service to patients and were aware of their role in achieving this. Staff did not have knowledge of any formal practice strategy.
- The practice did not always monitor progress against delivery of the service.

Culture

The practice did not have a culture of high-quality sustainable care.

- Non-clinical staff stated they did not feel respected, supported and valued.
- Staff spoke of a toxic atmosphere in the practice at times.
- Staff we spoke with told us they were limited in the times they could raise concerns. They said meetings did not always allow sufficient time to discuss concerns and GPs were very busy at all times. Staff appraisals in March 2018 were very brief and did not allow time for discussion.
- Processes for providing all staff with the development they required were not in place so staff did not always have the skills and competency appropriate to their role.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Governance arrangements

Governance arrangements were not understood and therefore lacking and not operated effectively.

- Structures, processes and systems to support good governance and management were not established. Management resources were insufficient to allow good governance and lacked the necessary skills.
- The practice did not have clear processes to manage current and future performance.

Are services well-led?

- There was evidence of an improved meeting structure although there was no set agenda for meetings and often insufficient time allowed for discussion of all relevant issues.
- Practice leaders had not established policies, procedures and activities to ensure safety and had not assured themselves that they were operating as intended. Some policies viewed were not related to the practice.
- The practice has had three previous inspections where inadequate arrangements around management and governance had been identified and enforcement was taken. Despite this the practice had still not addressed the issues sufficiently to provide assurance the systems supporting safe patient care were in place and working effectively.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was no effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had some processes in place to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints. although not all significant events were recorded for learning and improvement. One GP reported being too busy to carry out the significant event process effectively.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of discussion in meetings to change clinical practice and improve quality.
- The practice had plans in place for major incidents although staff had not been trained in these and we saw that the plan was out of date.

Appropriate and accurate information

The practice did not always have appropriate and accurate information.

- Quality activity such as clinical audit was discussed in relevant meetings where staff had sufficient access to information. There was no documentation of management discussion regarding sustainability and business planning.
- The information used to monitor performance and the delivery of quality care was not always comprehensive. There were gaps in risk assessment processes and records of indicators of poor performance.
- The practice submitted data or notifications to external organisations as required. However, information given to us before our inspection from one of these organisations indicated that this was not always timely.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

We saw little evidence that the practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The patient participation group had not met for some time.
- There were opportunities for patients to complete the Friends and Family Test (FFT) but responses were not reviewed by the practice or reported nationally.
- Staff felt that there was insufficient time to have any influence on service provision.

Continuous improvement and innovation

There was limited evidence of continuous improvement and innovation. The practice had been rated in our three previous inspections as requires improvement for providing well-led services and evidence at this inspection showed that governance and management arrangements had not been addressed effectively. Because the delivery of high quality and safe care is still not assured by the leadership, governance or culture in place this has a bearing on the inadequate rating of well led for this inspection.

Please refer to the evidence tables for further information.