

Dr Zahir Mughal

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



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?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Zahir Mughal on 19 January 2016. Overall the practice was rated as requires improvement. A breach of the legal requirements was found. After the inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the safety and the leadership of the practice.

We then undertook a focussed follow up inspection at Dr Zahir Mughal on 13 October 2016 to check that the practice had met the requirements. We were not assured at that time that the practice had responded to the issues identified.

You can read the full comprehensive report which followed the inspection in January 2016 and the focused follow up inspection report from October 2016 by selecting the 'all reports' link for Dr Zahir Mughal on our website at www.cqc.org.uk.

We carried out a further announced comprehensive inspection at Dr Zahir Mughal on 14 March 2017. Overall the practice is rated as requires improvement.

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

- Staff told us they were encouraged to report and record significant events. However, these issues were not always documented and the practice did not have a comprehensive system for the management, collation and review of these events and were unable to provide a log of all the events which the inspection team were aware had taken place.
- The practice had significantly improved the systems to assess, manage and monitor the risks associated with infection prevention and control and fire. However, we found that some recruitment checks had not been undertaken during the recent recruitment of two staff members and that staff members were not offered the necessary immunisation checks including varicella and MMR.

Summary of findings

- Staff were aware of current evidence based guidance. Staff training uptake had improved and staff felt they had the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated care and concern and most patients said they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. However, we did not see that all complaints were reviewed or discussed with the staff team.
- Patients we spoke with said they did not always find it easy to make an appointment with a named GP but urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice's uptake for the cervical screening programme was 98%, which was significantly better than the CCG average of 76% and the national average of 81%.
- Staff had undergone Disclosure and Barring Service (DBS) checks but these were not the enhanced checks required for Nurses, Healthcare assistants, the GPs and those who had significant contact with patients, particularly children and vulnerable adults.
- There was a leadership structure and staff felt supported by management. The practice sought feedback from staff and patients. The practice had carried out a patient survey in December 2016 but had not formulated an action plan.

- The practice had a newly formed patient participation group (PPG) which had four members.

The areas where the provider must make improvement are:

- The provider must establish systems and processes to ensure that all significant events and complaints which occur are recorded, collated, managed and reviewed as appropriate.
- The provider must ensure that the appropriate level of DBS checks are undertaken for all employed persons and that recruitment arrangements include the necessary employment and immunisation checks for all staff. The process of appraisal must be embedded into the culture of the practice.
- The provider must establish a system to support clinical audit within the practice which will assess, monitor and improve outcomes for patients.

The areas where the provider should make improvement are

- The provider should continue to review the results of the national GP patient survey, including where patients experienced difficulty with making and getting appointments and the overall satisfaction of the patients registered at the practice. The provider should continue to explore ways to engage patients in the governance of the practice.

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?

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 19 January 2016 and the focused follow up inspection on 13 October 2016. The practice was previously rated as requires improvement for providing safe services. The issues identified at the previous inspections included:

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. This included areas such as infection prevention and control, fire, staff training and policies and procedures.

At this inspection in March 2017 we found:

The practice remains rated as requires improvement for providing safe services.

- Staff told us they were encouraged to report and record significant events and we saw some evidence to confirm this. However, these issues were not always documented and the practice did not have a comprehensive system for the management, collation and review of these events and were unable to provide a log of all the events which had taken place.
- The practice had significantly improved the systems to assess, manage and monitor the risks associated with infection prevention and control and fire. However, we found that some appropriate recruitment checks had not been undertaken during the recent recruitment of two staff members.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff had undergone Disclosure and Barring Service (DBS) checks but these were not the enhanced checks required for Nurses, Healthcare assistants, the GPs and those who have significant contact with patients, particularly children and vulnerable adults.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Requires improvement



Are services effective?

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 19 January 2016 and the focused follow up inspection on 13 October 2016. The practice was previously rated as good for providing effective services. However, issues identified at the previous inspections included:

Good



Summary of findings

- Administration staff had not had an appraisal for two years.

At this inspection in March 2017 we found:

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the national average.
- Staff who worked in a clinical role had undergone an appraisal. However, the provider had not completed appraisals for admin and reception staff, including the practice manager. Following our inspection we were sent evidence that appraisals for staff had been completed.
- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs
- Arrangements were in place to provide end of life care with other services including the out of hours service and the community matron. However, prior to our inspection we were informed that a patient had been unable to access the care they required. Staff were asked to record this incident as a significant event but on the day of inspection we were told by the practice manager they had not done so.
- We saw that the Advanced Nurse Practitioner had undertaken detailed reviews of patients who presented with complex problems which included outcomes on how these patients could be better supported by the practice in the future.

Are services caring?

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 19 January 2016 and the focused follow up inspection on 13 October 2016. The practice was previously rated as good for providing caring services.

At this inspection in March 2017 we found:

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients generally rated the practice lower than others for several aspects of care. However, we found that these results had improved since January 2016.
- Vulnerable patients were contacted before their medicine repeats were due and staff would assist them to order their medicines, any queries were dealt with by the pharmacist.

Good



Summary of findings

- The lead GP would give families his personal mobile telephone number and would respond outside of normal working hours, in order to provide the necessary death certification to enable prompt burial in line with families' wishes.
- Survey information we reviewed showed that patients generally said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Results were comparable to CCG averages but remained below national averages. However, we saw that between July 2015 and July 2016 results had improved by an average of 6%.
- Information for patients about the services available was accessible. The practice published a monthly newsletter and had a social media page.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 19 January 2016 and the focused follow up inspection on 13 October 2016. The practice was previously rated as good for providing responsive services. However, issues identified at the previous inspections included:

- Patients reported that access to a named GP and continuity of care was not always available quickly.

At this inspection in March 2017 we found:

The practice is rated as good for providing responsive services.

- 48% of patients said they were able to see or speak to their preferred GP; this was an improvement of 17% and above the CCG average of 43%. The national average was 60%. Urgent appointments were available the same day.
- The practice understood its population profile and had used this understanding to meet the needs of its population. Several staff were able to speak languages relevant to the practice population and interpreters were widely used; those requiring this service had a note made in their record.
- The practice had considered the NHS Accessible Information Standards and used patient notes to highlight where additional assistance was needed, for example, for patients who were deaf.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

Good



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- At the inspection in October 2016 we found that the practice were responding appropriately to complaints. However, at this inspection we saw evidence that these were not always acknowledged in the appropriate time scale and evidence stated that not all documented complaints were shared or reviewed with the staff team.
- The practice allowed patients who travelled abroad frequently, to request up to 3 months repeat medication to allow them to manage their health whilst away. Their medication was then removed from the repeats list and re-instated upon the patients' return after they were seen in the practice.
- The practice hosted a session run by a voluntary care advisor who visited one day per week to assist patients with benefit claims, immigration issues and other social needs.
- The practice had sought feedback from staff and patients and had established a small patient participation group. We saw evidence that the practice responded to patient feedback as they had recently improved access to a GP consultation by reserving six afternoon telephone slots per day for emergencies.

Are services well-led?

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 19 January 2016 and the focused follow up inspection on 13 October 2016. The practice was previously rated as requires improvement for providing well led services. The issues identified at the previous inspections included:

- The provider did not establish systems and processes to enable the practice to assess monitor and mitigate risks to the health, safety and welfare of their patients and staff and was not able to evidence the necessary documents. For example, in relation to fire safety and child and adult safeguarding.
- The provider did not seek and act on feedback from relevant people on the services

At this inspection in March 2017 we found:

The practice remains rated as requires improvement for being well-led.

- The practice had a newly formed patient participation group (PPG) which had four members. We saw evidence that two

Requires improvement



Summary of findings

meetings had been held and on the day of inspection we met with the chairperson of the PPG. A patient survey was commissioned in December 2016; however, we were told the practice did not have an action plan in relation to this.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- We did not see evidence that clinical audit was driving improvement in patient outcomes. We saw evidence of one cycle audits, IPC audits and checklists and a cervical screening review.
- There was a clear leadership structure and staff told us that they felt very supported by management. The practice had policies and procedures to govern activity, many of which had been recently reviewed and held regular governance meetings.
- Staff had received inductions and attended staff meetings and training opportunities. On the day of inspection we found that the majority of the staff team had not had an appraisal for a number of years and the practice were unable to evidence development plans or clear objectives for these staff. Following our inspection we were sent evidence that these were being completed.

The practice had implemented systems for being aware of notifiable safety incidents, sharing the information with staff and ensuring appropriate action was taken. However we saw that one safety incident which had occurred before the new system was introduced had not been managed in line with this.

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 provider was rated as requires improvement for safe and for well-led care. The issues identified as requiring improvement overall affected all patients including this population group. The practice is rated as requires improvement for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. The practice pharmacist would carry out home visits to elderly patients to review their medications. Nurses and Health Care Assistants (HCAs) would also carry out home visits as necessary, for example, when bloods were required.
- Scheduled tasks were sent to reception staff prior to medications being needed by older patients and staff would call the patient and assist them to order their repeat medication if necessary.
- The practice was responsive to the needs of older patients, and offered home visits and urgent same day appointments for those with enhanced needs.
- Older patients all had a named GP and a care plan where required.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and for well-led care. The issues identified as requiring improvement overall affected all patients including this population group. The practice is rated as requires improvement for the care of people with long-term conditions.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- We saw that outcomes for diabetes related indicators were comparable to other practices. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading, in the preceding 12 months was 140/80mmHg or less was 77% compared to the CCG average of 73% and the national average of 78%.

Requires improvement



Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were management plans in place for patients with long-term conditions who experienced a sudden deterioration in health.
- Patients with multiple health issues had synchronised recalls so that these could be reviewed at one appointment.
- Patients were offered input from a dietician and a Health Care Assistant (HCA) had attended additional training regarding diabetes. The practice also offered weight management advice and guidance with nursing staff or the HCA.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The provider was rated as requires improvement for safe and for well-led care. The issues identified as requiring improvement overall affected all patients including this population group. The practice is rated as requires improvement for the care of families, children and young people.

- From the sample of documented examples we reviewed 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. The practice told us they would also liaise with the school nursing service where concerns were raised about developmental or mental health concerns in older children.
- Immunisation rates were relatively high for childhood immunisations with the exception of the first dose of the MMR vaccine for five year olds which at 63% was slightly higher than the CCG average.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice communicated with midwives, health visitors and school nurses to support this population group. For example, in

Requires improvement



Summary of findings

the provision of ante-natal, post-natal and child health surveillance clinics. The practice held dedicated baby clinics once a week with a nurse and GP. Safeguarding concerns involving children were shared with the Health visiting team.

- The practice had emergency processes to see acutely ill children and young people and for acute pregnancy complications and the premises were suitable for children and babies
- The practice was able to respond to the local demand for the non-therapeutic circumcision of male children.
- The practice offered an in house contraception clinic for patients.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and for well-led care. The issues identified as requiring improvement overall affected all patients including this population group. The practice is rated as requires improvement for the care of working age people (including those recently retired and students).

- The needs of these populations 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, the practice offered telephone consultations and an evening surgery until 8.30pm on a Thursday.
- The practice offered online services which included the ability to book appointments, request prescriptions and leave messages as well as a full range of health promotion and screening that reflected the needs for this age group.
- When necessary the practice arranged flu clinics during the evening, outside school hours and at weekends.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and for well-led care. The issues identified as requiring improvement overall affected all patients including this population group. The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice also operated a 'worry list'. This was a list of patients who the practice were concerned about for a number of reasons and their needs would be prioritised and urgent appointments given.

Requires improvement



Summary of findings

- The practice offered longer appointments for patients with a learning disability, patients with mental health needs and those who required an interpreter.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. The practice hosted a session run by a voluntary care advisor who visited one day per week to assist patients with benefit claims, immigration issues and other social needs.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe and for well-led care. The issues identified as requiring improvement overall affected all patients including this population group. The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- The practice supported small numbers of patients with dementia. However, 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 86% and the national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. Reception staff told us they undertook a weekly check to ensure that prescriptions were collected.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 93% which was comparable to the CCG average of 94% and better than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Requires improvement



Summary of findings

- The practice offered physical health checks for patients discharged from secondary care as part of the local incentive scheme.
- The practice would support patients with mental health issues to make contact with the community First Response team by assisting them to do this in a private room within the surgery.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. Data showed that 362 survey forms were distributed and 97 were returned, a response rate of 27% compared to the national response rate of 38%. This represented 2% of the practice's patient list.

- 66% of patients described the overall experience of this GP practice as good compared with the CCG average of 70% and the national average of 85%.
- 51% of patients described their experience of making an appointment as good compared with the CCG average of 57% and the national average of 73%.
- 52% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 63% and the national average of 80%.

The practice's results were mainly comparable to CCG averages but remained below national averages.

However, we saw that between July 2015 and July 2016 results in the above areas had improved by an average of 4%. The next set of patient survey data is due to be published in July 2017.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards of which 47 contained positive comments about the service. Of these 47, 10 also noted difficulty in getting appointments and getting through to the practice by telephone. Staff were described as helpful, respectful and caring.

We spoke with four patients during the inspection. Three patients said they felt listened to and they were involved in their care and treatment. One patient said it varied but they were treated with respect.

The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family. Results showed that from 27 responses, 70% of patients would be likely or extremely likely to recommend the surgery to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

- The provider must establish systems and processes to ensure that all significant events and complaints which occur are recorded, collated, managed and reviewed as appropriate.
- The provider must ensure that the appropriate level of DBS checks are undertaken for all employed persons and that recruitment arrangements include the necessary employment and immunisation checks for all staff. The process of appraisal must be embedded into the culture of the practice.

- The provider must establish a system to support clinical audit within the practice which will assess, monitor and improve outcomes for patients.

Action the service **SHOULD** take to improve

- The provider should continue to review the results of the national GP patient survey, including where patients experienced difficulty with making and getting appointments and the overall satisfaction of the patients registered at the practice. The provider should continue to explore ways to engage patients in the governance of the practice.

Dr Zahir Mughal

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser, a shadowing GP specialist adviser and a second CQC inspector.

Background to Dr Zahir Mughal

Dr Zahir Mughal which is also known locally as Mughal Medical Centre provides services for 4,153 patients and is situated at 55 Ivanhoe Road, Bradford, BD7 3HY.

Dr Zahir Mughal is situated within the Bradford City Clinical Commissioning group (CCG) and provides primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

They offer a range of enhanced services such as childhood immunisations, extended hours, and facilitating timely diagnosis and support for people with dementia. The practice also offers the circumcision of male patients.

The National General Practice Profile shows that the age of the practice population is slightly different to the national average with lower numbers of patients aged over 40 and higher numbers of patients aged below 39. This is in common with the characteristics of the Bradford City area. However, the practice also has a higher number of registered patients aged under 14 than the CCG or national

average. The profile shows that 63% of the practice population is from a south Asian background with a further 9% of the population originating from black, mixed or non-white ethnic groups.

The provider and lead GP is Dr Zahir Mughal who is supported by a part time female salaried GP. The practice also employs a locum GP for three sessions per week.

The practice is staffed by one part time practice nurse and a full time advanced nurse practitioner. There are three part time health care assistants (HCA) all of whom are female and also work on reception. The practice also employs a part time pharmacist.

The clinical team is supported by the practice administrator and a team of administrative staff.

The practice catchment area is classed as being within one of the most deprived areas in England. People living in more deprived areas tend to have a greater need for health services. Male life expectancy is 76 years compared with a CCG average of 73 and a national average of 79. Female life expectancy is 82 years, CCG average 79, national average 83.

Mughal Medical Centre is situated in a purpose built building with access for less mobile patients and an interior lift.

The practice reception is open between 8am and 6.30pm every day except Thursday and appointments are available between 8.30am and 6.30pm. On a Thursday the reception is open between 8am and 8.30pm and a range of appointments are available from 8.30am until 8.30pm.

The Out of Hours walk-in service is provided by an external contractor, Local Care Direct at Hillside Bridge Health Centre. Patients are also advised of the NHS 111 service.

Detailed findings

When we returned for this inspection, we checked and saw that the previously awarded ratings were displayed as required in the premises.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and Bradford City Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice provided both before and during the inspection. We also reviewed the latest available data from the Quality and Outcomes Framework (QOF), national GP patient survey data, and the NHS Friends and Family Test (FFT).

We carried out an announced visit on 14 March 2017. During our visit we:

- Spoke with a range of staff including the provider and lead GP, a locum GP, the practice nurse, the advanced nurse practitioner (ANP), a health care assistant (HCA), a member of the reception team and the practice administrator who was supported by a practice manager from a neighbouring practice.

- We spoke with four patients who used the service and the chairperson of the patient participation group.
- Observed how patients were being cared for in the reception area and spoken to on the telephone.
- Reviewed 48 comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- We reviewed meeting minutes.
- We reviewed eight questionnaires which had been completed by a range of nursing and non-clinical staff before our visit.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 19 January 2016 and the focused follow up inspection on 13 October 2016. The practice was previously rated as requires improvement for providing safe services. The issues identified at the previous inspections included:

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. This included areas such as infection prevention and control, fire, staff training and policies and procedures.

At this inspection in March 2017 we found:

Safe track record and learning

There was a system for reporting and recording significant events but this was not always effective.

- Staff told us they were encouraged to report and record significant events and we saw evidence to confirm this. However, these issues were not always documented and the practice did not have a comprehensive system for the management, collation and review of these events and were unable to provide a log of all the events which had taken place.

Prior to our inspection we were informed of a significant event where a patient had been unable to access the care they required. Staff were asked by the Clinical Commissioning Group (CCG) to record this incident as a significant event but on the day of inspection we were told by the practice manager they had failed to do so. The Care Quality Commission were also aware of other significant events which had occurred in the practice which were not reflected on the records kept by the practice. Therefore, we were not assured that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, or a written apology. We were not assured that action was taken to improve processes and prevent the same thing happening again.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. Meeting minutes reflected that significant events were not always discussed at staff meetings as the meetings overran and there was not time to do so.

Overview of safety systems and processes

We were not assured that the practice had the appropriate processes and practices in place to consistently minimise risks to patient safety.

- When we inspected the practice in January 2016 we found that where the non-therapeutic circumcision of male children was performed, (for religious or cultural reasons) the practitioner did not always give consideration to British Medical Association good practice guidelines which state that “usually and where applicable both parents must give consent for non-therapeutic circumcision”. On the inspection in October 2016 we were told that the consent form used by the practice had been changed to reflect this guidance and that although two signatures were sought, the practitioner told us that this was not always possible. We were also told that a review of General Medical Council and the British Association of Paediatric Surgeons guidance had been undertaken with regards to appropriate anaesthesia to minimise pain and discomfort. Anaesthesia was not given routinely to patients under four weeks old unless the person consenting to the procedure requested this. We were told at this inspection on 14 March 2017 that consideration continued to be given to this best practice and we reflected that this should continue.
- The practice had significantly improved the systems to assess, manage and monitor the risks associated with infection prevention and control and fire. However, we found that not all the appropriate recruitment checks had been undertaken during the recent recruitment of two staff members. The practice did not carry out the necessary immunisation checks for staff including varicella and MMR. After our inspection we were sent evidence that the practice had requested these. We were told that the relevant vaccines would be offered as necessary.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

Are services safe?

about a patient's welfare. There was a lead member of staff for safeguarding. Staff that we interviewed at the inspection or who had completed questionnaires prior to the inspection demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing staff were trained to level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a basic 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). However, these were not the enhanced checks required for Nurses, Healthcare assistants, and those who had significant contact with patients, particularly children and vulnerable adults. Following our inspection we were sent evidence that the practice had applied for enhanced DBS checks for staff.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were newly introduced cleaning schedules and monitoring systems in place.
- The Advanced Nurse Practitioner (ANP) was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. An IPC audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, changes were made to sinks in clinical areas.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being given to

patients and there was a reliable process to ensure this occurred. The lead GP and pharmacist had carried out a small number of one cycle audits, to ensure prescribing was in line with best practice guidelines for safe prescribing; at the time of our inspection they did not demonstrate quality improvement. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The practice employed an ANP who could prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and we saw that there was a spread sheet in place to monitor their review. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions (PSDs) from a prescriber were produced appropriately.

We reviewed two personnel files of recently recruited staff and found that whilst some appropriate recruitment checks had been undertaken prior to employment, for example, proof of identification, the practice could not evidence proof of satisfactory conduct in previous employments in the form of references.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out a fire drill. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a bacterium which can contaminate water systems in buildings).

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. Whilst the emergency medications were well signposted and staff knew where they were held.
- All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and told us that they used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%.

Exception reporting for the practice was 8% compared to the CCG average of 9% and the England average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, the percentage of patients with diabetes on the register, in whom the last blood pressure reading was in the preceding 12 months was 140/80 mmHg or less was 77% compared to the CCG average of 73% and the national average of 78%.
- Performance for mental health related indicators was slightly higher than the CCG and national averages. For example, 99% of patients with a physical and /or mental health condition had their smoking status recorded in the preceding 12 months, compared to the CCG average of 97% and the national average of 95%.

The practice was not able to evidence ongoing quality improvement through clinical audit:

- The lead GP and pharmacist had carried out a small number of one cycle audits; to ensure prescribing was in line with best practice guidelines for safe prescribing and we saw that changes to patients' medicines were made. However, at the time of our inspection they did not demonstrate quality improvement. At the inspection in October 2016 we were told the practitioner planned to carry out audits of the circumcisions performed at the practice, in March 2017, we were told these had not been done but were still being considered.
- The practice had carried out other quality improvement activity, including an infection prevention and control audit and had completed a number of actions in relation to this. For example, cleaning checklists for clinical areas had been introduced and a cold chain policy was in place.

Effective staffing

Evidence reviewed showed that improvements had been made in the skills and knowledge of the staff to enable them to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff were aware of current evidence based guidance. Staff training uptake had improved and staff felt they had the skills and knowledge to deliver effective care and treatment.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of some staff were identified through a system of appraisals and meetings. On the

Are services effective?

(for example, treatment is effective)

day of inspection we saw that admin and clerical staff had not had an appraisal for over two years. Following our inspection we were sent evidence that these were being completed.

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- The majority of staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record.

We were told that staff would assist patients to choose a suitable time and venue for secondary care appointments and if necessary staff would ring rather than write to patients if there were language or literacy barriers.

Meetings took place between health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We were told that members of the other multidisciplinary team were invited but we did not see evidence that they regularly attended.

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

Consent to care and treatment

Staff sought patients' consent to care and treatment 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and social issues such as benefits advice.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- We saw that the Advanced Nurse Practitioner had undertaken detailed reviews of patients who presented with complex problems which included outcomes on how these patients could be better supported by the practice in the future. Additional support included allocating a named clinician, priority access to appointments and regular reviews.

The practice's uptake for the cervical screening programme was 98%, which was significantly better than the CCG average of 76% and the national average of 81%. Exception reporting was the same as the CCG average at 11% but higher than the national average of 7%. The practice would ring patients to remind them to attend and offer the service opportunistically when patients attended for other issues.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, 98% of under two year olds had received all the relevant vaccines; the national expected coverage is 90%.

Are services effective?

(for example, treatment is effective)

Vaccines given to five year olds were comparable to the local averages and ranged from 63% to 93%, CCG average 63%-90%. The national average was 88%-94%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for all patients they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The uptake for bowel cancer screening in patients aged 60-69 years within the last 30 months was 33%; this was comparable to the CCG average of 35% but less than the national average of 58%. The practice encouraged opportunistic screening in this area and reviewed a monthly report of non-responders.

These patients would be contacted and reminded of the importance of the screening programme. This type of screening was discussed as being culturally sensitive for high numbers of the patients.

There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, those with mental health issues and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice also offered patients private areas to call mental health teams or support agencies if necessary.
- Patients could be treated by a clinician of the same sex.
- Vulnerable patients were contacted before their medicine repeats were due and staff would assist them to order their medicines. Any queries were dealt with by the pharmacist.

Of the 48 patient Care Quality Commission comment cards we received, 47 were positive about the service experienced. Of these 47, 10 also noted difficulty in getting appointments and getting through to the practice by telephone. Staff were described as helpful, respectful and caring.

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

Results from the national GP patient survey showed that patients did not always feel they were treated with compassion, dignity and respect. The practice was at or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 80% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 76% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 80% of patients said the nurse was good at listening to them compared with the (CCG) average of 84% and the national average of 91%.
- 74% of patients said the nurse gave them enough time compared with the CCG average of 83% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared with the CCG average of 76% and the national average of 87%.

Whilst the majority of these results remained below CCG and national averages, we saw that the above results from the July 2016 GP patient survey were on average 6% better than the previous year.

Care planning and involvement in decisions about care and treatment

On the day of inspection patients told us they felt involved in decision making about the care and treatment they received. Three out of four patients said 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, one patient said it varied. Patient feedback from the comment cards we received was positive. We also saw that care plans were personalised.

We were told that children and young people were treated in an age-appropriate way and recognised as individuals and that flexible appointments would be offered to meet their needs. We were also told that patients who attended with another person were always asked if they were happy for that person to remain in the consultation.

Results from the national GP patient survey showed patients responded more positively than previously to

Are services caring?

questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local averages but remained below national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 77% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 90%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

We saw that results for the above areas from the July 2016 GP patient survey, whilst still below national averages, were on average 11% better than the previous year.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language, and a note would be made on patient records if an interpreter was required. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Information leaflets were available in easy read format.

- The Choose and Book service was used with patients as appropriate and staff would assist patients with this. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- Administration staff would contact patients by telephone to invite them in for reviews, ensure that they understood the purpose of the review and arrange a convenient time for the patient to attend.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 102 patients as carers which was 2% of the practice list. Older carers were offered timely and appropriate support, offered flu vaccinations and invited for reviews as necessary.

Staff told us that if families had experienced bereavement, their usual GP contacted them and offered them a patient consultation at a flexible time and location to meet the family's needs. In recognition of the religious and cultural observances relevant to the practice population, the lead GP would give families his personal mobile telephone number outside of normal working hours if necessary, in order to provide death certification to enable prompt burial in line with families' wishes.

We were told of examples where families who had suffered traumatic bereavement had been assisted by the staff to return the equipment used to support the dying person.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population and offer appropriate services as necessary.

- Information about services and how to complain was available. We saw that some improvements were made to the quality of care as a result of complaints and concerns, for example, improvements were made to the telephone system. At the inspection in October 2016 we found that the practice had responded appropriately to complaints. However, at this inspection in March 2017, we saw evidence that these were not always acknowledged in the appropriate time scale and evidence stated that not all complaints were shared with the staff team.
- The practice offered extended hours on a Thursday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, those with mental health needs or patients who required an interpreter.
- Home visits from clinicians and the pharmacist were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice allowed patients who travelled abroad frequently, to request up to three months repeat medication to allow them to manage their health whilst away. Their medication was then removed from the repeats list and re-instated upon the patients' return after they were seen in the practice.
- The practice hosted a session run by a voluntary care advisor who visited one day per week to assist patients with benefit claims, immigration issues and other social needs.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results and patients were able to sign up for online services.
- Patients were able to receive travel vaccines available on the NHS.

- There were accessible facilities, which included interpretation services. A prayer room was available for patient use.
- The practice had a lift to improve access around the surgery.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example several clinicians could speak more than one language relevant to the population and where patients may have difficulty reading letters, the practice would ring them to book reviews and appointments.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access

The practice reception was open between 8am and 6.30pm every day except Thursday and appointments were available between 8.30am and 6.30pm. On a Thursday the reception was open between 8am and 8.30pm and a range of appointments were available from 8.30am until 8.30pm.

In addition to pre-bookable appointments that could be booked up to four months in advance, urgent appointments were also available for patients that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 39% of patients said they could get through easily to the practice by phone compared to the CCG average of 55% and the national average of 73%.
- 47% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 58% and the national average of 76%.
- 87% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.

Are services responsive to people's needs?

(for example, to feedback?)

- 51% of patients described their experience of making an appointment as good compared with the CCG average of 57% and the national average of 73%.
- 41% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 42% and the national average of 58%.

Patients told us on the day of the inspection that they were usually able to get appointments when they needed them.

The practice also told us that changes had been made as a result of patient feedback, for example, a new telephone system was installed.

The practice had a system to assess:

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

The practice also operated a 'worry list'. This was a list of patients who the practice were concerned about for a number of reasons and their needs would be prioritised and urgent appointments given. In cases where the urgency of need was so great that it would be

inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, we saw evidence that these were not always acknowledged in the appropriate time scale.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at seven complaints received between June and December 2016. Evidence showed that not all documented complaints were shared with the staff team and that a review of themes and trends did not take place.

Are services well-led?

Requires improvement 

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

Our findings

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 19 January 2016 and the focused follow up inspection on 13 October 2016. The practice was previously rated as requires improvement for providing well led services. The issues identified at the previous inspections included:

- The provider did not establish systems and processes to enable the practice to assess monitor and mitigate risks to the health, safety and welfare of their patients and staff and was not able to evidence the necessary documents. For example, in relation to fire safety and child and adult safeguarding.
- The provider did not seek and act on feedback from relevant people on the services

At this inspection in March 2017 we found:

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. At the time of our inspection the practice were intending to merge with two neighbouring practices.

Governance arrangements

The practice had an overarching governance framework, and a number of policies and procedures which had recently been reviewed. However, these were not always followed for example;

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. Administration staff were also responsible for managing QOF data and recalls.
- Practice specific policies were implemented and were available to all staff. These were updated and a number had been recently reviewed.

- An understanding of the performance of the practice was maintained. Practice meetings were held regularly, but we saw that these did not always provide an opportunity for staff to learn about the performance of the practice.
- The practice was not using audit to monitor quality or make improvements.
- The practice had implemented systems for being aware of notifiable safety incidents, sharing the information with staff and ensuring appropriate action was taken. However, we saw that safety incidents which had occurred before the new system was in place had not been managed. The practice continued to use electrical socket inserts which had been identified as a risk within an alert in June 2016. They told us that they would review all previous alerts and remove the socket inserts.
- We reviewed meeting minutes from January 2017 onwards which reflected that significant events and complaints had not been discussed or shared with the staff team due to a lack of time within the meetings. We did not see another system to allow for these to be discussed, reviewed or lessons to be learned.

Leadership and culture

On the day of inspection the management of the practice did not demonstrate they had the experience, capacity and capability to run the practice or ensure high quality care.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- Staff told us they were encouraged to report and record significant events. However, these issues were not always documented and the practice did not have a comprehensive system for the management, collation and review of these events and were unable to provide a log of all the events which the inspection team were aware had taken place. Therefore, the inspection team could not be assured that the practice gave affected people reasonable support, truthful information or a verbal or written apology.
- The practice told us that they kept written records of verbal interactions as well as written correspondence and we saw some evidence of this, however we did not see that these were regularly reviewed by the team or discussed in staff meetings.

Are services well-led?

Requires improvement 

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

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

- Staff told us the practice held regular team meetings and we saw evidence of this.
- Meeting minutes did not evidence regular attendance by health visitors, district nurses or social workers but we saw that they were invited and we were told that the team would task them if there were any concerns.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, by the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice had taken steps to encourage feedback from patients and staff. It sought feedback from:

- Patients through the newly developed patient participation group (PPG) and through surveys and complaints received. The PPG had met twice since it was formed and we were told that they had been involved in discussions about the proposed merger and would review the results of the patient survey. A member of the PPG told us they were confident they would be able to influence changes at the practice. A patient survey had been undertaken in December 2016. However, the practice did not have an action plan in relation to this.
- The practice encouraged feedback through a monthly patient newsletter
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong commitment to patient care and members of the team told us that the plans for a proposed merger would help them to improve this. The practice team participated in CCG initiatives to improve outcomes for patients in the area, for example the Bradford beating diabetes initiative.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure that significant events or complaints were managed, collated, discussed or reviewed effectively. They had failed to identify the risks associated with a lack of audit and quality improvement activity, a lack of references for newly appointed staff and had not ensured that staff were subject to the correct level of Disclosure and Barring Service checks.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>