

Dr Anjum Zaidi and Partners

Inspection report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement overall. (Previous rating April 2016 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Dr Anjum Zaidi and Partners on 18 September 2018 as part of our inspection programme.

At this inspection we found:

- The practice had ineffective systems to manage risk. This included safeguarding processes, safety alerts, recruitment, infection control, two-week wait referrals, staff vaccinations, medicines, fire safety and significant events.
- Systems had not been implemented effectively to ensure that all health and safety risk assessments were completed.
- Care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients did not always find the appointment system easy to use and reported that they were not always able to access care when they needed it.

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 for patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure staff employed receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- Ensure recruitment procedures are established and operated effectively.

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

- Continue to monitor and improve on patient satisfaction scores with reception staff and healthcare professionals.
- Improve the uptake of cervical screening.
- Improve on the identification and support of carers.
- Take action to ensure confidentiality at the reception desk.
- Improve staff awareness of Female Genitalia Mutilation (FGM)

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Dr Anjum Zaidi and Partners

Dr Anjum Zaidi and Partners, also known as The Northwick Surgery is located at 36 Northwick Park Road in Harrow, London. The practice premises comprise of a semi-detached purpose-built converted two-storey house, with a front and rear entrance. There is wheelchair access, ground floor reception, a waiting room, seven consultation rooms including two upstairs and toilet facilities. Two separate waiting rooms are located upstairs, together with a staff room, a storeroom and administration offices. The practice website can be found at www.northwicksurgery.co.uk

The practice patient list is approximately 10,171 patients. The practice area is rated in the seventh most deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have a greater need for health services. The practice has an ethnically diverse population and includes a higher than average proportion of patients aged 15-44 and a lower proportion of patients aged over 85.

The practice is open between 8.30am and 6.00pm on Monday to Friday and closed for lunch daily between 12.30pm and 1.30pm. Extended hours are offered between 9.00am and 11.30am on Saturday. Outside of these hours, patients are redirected to their out of hours provider, Care UK.

The practice team comprises five GP partners (two male and three female), who provide a combination of 38 sessions. The practice also employs five full and part-time nurses including an enhanced practice nurse and a Saturday nurse, one healthcare assistant who provide a combination of approximately 112 hours a week. Working alongside the GPs and nurses are a clinical pharmacist, practice manager and assistant practice manager, a secretary, 10 reception and administration staff.

The practice operates under a General Medical Services (GMS) contract and is commissioned by Harrow Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease disorder or injury and surgical procedures.

Services provided also include a specialist ophthalmology clinic, anticoagulation services, counselling and mental health clinics. Additional services include chronic disease management, phlebotomy, 24-hour blood pressure monitoring, childhood surveillance, minor surgery, ECG monitoring, and vaccinations.

Are services safe?

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

The practice was rated requires improvement for providing safe services because:

- The child safeguarding policy was not signed or reviewed on a regular basis and the alert codes recorded in the child safeguarding policy were inconsistent with those recorded on their computer system.
- Learning from safeguarding was not shared with all staff.
- The processes to ensure that all staff had read the safety alerts and appropriately action significant events was not in place.
- Staff had not received all update training relevant to their role and appropriate recruitment checks had not been carried out.
- Clinical waste bags were not labelled.
- Three out of four of the vaccines fridge only had one thermometer.
- We were not provided with vaccination records for nursing staff.
- There was no morphine emergency medicine or a risk assessment carried out.
- There was a lack of comprehensive health and safety risk assessments and action identified in the fire risk assessments, including review dates and infection control audits had not been carried out.

Safety systems and processes

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

- Although staff understood their responsibilities in keeping people safe and safeguarded from abuse and we saw good practice in relation to dealing with safeguarding concerns, their systems required improvement.
- GPs were trained to safeguarding level three; however, nursing staff had only received level two child safeguarding training.
- The safeguarding policies in place including those for child exploitation were not robust and required review.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify

whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. However, we were not assured that learning from safeguarding incidents or reports were shared with all staff.
- The practice did not carry out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The system to manage infection prevention and control was not monitored effectively.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens required monitoring to keep people safe.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were not all 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 effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

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

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

Are services safe?

- Clinicians made timely referrals in line with protocols; however, improvement was required to ensure that there was system to monitor all referrals sent via the two-week wait pathway.

Appropriate and safe use of medicines

The practice did not have all the systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases and equipment minimised risks, except for emergency medicines which were not effectively implemented.
- The practice did not hold all recommended emergency medicines such as morphine and a risk assessment was not in place to determine the range of medicines held.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. 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.

- There were limited comprehensive risk assessments in relation to safety issues.
- The practice did not always monitor and review activity, to ensure that they understood risks and establish a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice processes in place to learn from and share significant events required improvement.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The systems for reviewing and investigating when things went wrong was not effective. There was no information provided to demonstrate to staff what the practice considered to be a significant event and we were not assured that adequate action was taken for improvement after a significant event.
- Although the practice had a system to act on and external safety alerts, there was no system in place to ensure that all staff read these alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall. However, all population groups were rated requires improvement.

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.

Older people:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- Older patients who are 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. They had access to their local hospital's whiteboard data, which identified patients discharged from hospital. This ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The enhanced nurse practitioner carried out home visits for patients at risk of hospital admission.
- Housebound patients received annual flu immunisations.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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/below local and national averages.

Families, children and young people:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- Childhood immunisation uptake rates were mostly higher than the target percentage of 90% or above, except for the immunisations for children aged one, which was 88%, below the target percentage of 90%. The practice had a dedicated weekly child immunisation clinic and patients were offered opportunistic appointments outside this time. Appointments with the nurse to carry out immunisations were also offered on Saturdays mornings.

Are services effective?

- 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):

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- The practice's uptake for cervical screening was 61%, which was below the 80% coverage target for the national screening programme and highlighted as an outlier. The practice told us that they offered pre-screening appointments for patients worried about their screening. Alerts were placed on patient records and they were sent message and letter reminders.
- The practice's uptake for breast and bowel cancer screening was in line with 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.
- 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:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- 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 homeless people, travellers and 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):

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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 in line with local and national averages.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided; however, further action was required to implement regular full audits. Where appropriate, clinicians took part in local and national improvement initiatives.

- The most recent published QOF results showed the practice had achieved 100% of the total number of points available, which was above the CCG average of 96% and the national average of 97%.
- The overall exception rate was 9%, when compared to the CCG of 5% and the national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). Exception reporting rates for clinical areas such as diabetes and osteoporosis were above local and

Are services effective?

national averages. For example, exception-reporting rates for diabetes was 14%, compared to the CCG average of 8% and the national average of 11%. The practice had acted to address high exception reporting.

- The practice was involved in some quality improvement activity; however, the practice was required to carry out regular full audits. We were provided with one full audit. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

- Staff generally had the skills, knowledge and experience to carry out their roles. Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training, however the practice had not ensured that update training was carried out as per requirements. For example, there were gaps in yellow fever update training.
- The practice need to monitor and take appropriate action to address the learning needs of staff and provide protected time and training to meet them.
- Up to date records of skills, qualifications and training were not always maintained. This was in relation to updated child safeguarding training for some clinicians. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

Coordinating care and treatment

Although staff worked together and with other health and social care professionals to deliver effective care and treatment, improvement was required to ensure that there was continuity of care in some areas.

- 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 we saw evidence

of this. However, we found that consultation notes from the nursing home residents were recorded back at the practice and not retained at the nursing home; therefore, likely to impact on continuity of care for out of hours services.

- The practice shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives and patients at risk of developing a long-term condition. However, the practice needed to improve on their identification of carers as only 57 were registered with the practice as 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.

Are services effective?

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mixed with regards to the way staff treat people, as some patients highlighted some issues with staff attitude.
- 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 mostly below local and national averages for questions relating to kindness, respect and compassion. The practice was aware of the low patient satisfaction scores and arranged customer care training for staff. Management were to monitor and provide support where needed.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice needed to improve on the identification and support of carers.
- 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 room 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 requires improvement for providing responsive services .

The practice was rated as requires improvement for responsive because:

- We identified patient concerns related to access to the service and opening hours.
- The practice had not carried out a disability access audit to ensure patients with mobility problems could access the service without restrictions.
- Learning from complaints was not demonstrated.

Responding to and meeting people's needs

The practice organised and delivered much of its services to meet patients' needs.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations and pre-bookable Saturday morning appointments with the GP and practice nurse were available which supported patients who were unable to attend the practice during normal working hours. However, access to the service was restricted due to the opening hours. For example, patients had access to the practice after 8.30am and closed for lunch daily between 12.30pm and 1.30pm.
- The practice had not carried out a disability access audit to ensure patients with poor mobility were able to access the service without difficulty.
- The practice made reasonable adjustments when patients found it hard to access services. This included arrangements for patients with mobility issues to be seen in a downstairs consultation room.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Elderly patients were offered 60-minute appointments for their care plan reviews.

People with long-term conditions:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

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

Families, children and young people:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- 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 held a monthly midwife led antenatal clinic provided by the local trust.
- The practice carried out weekly immunisation and child development clinics every week. Patients could also be seen on an ad-hoc basis or during the Saturday morning clinics.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Are services responsive to people's needs?

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

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

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

People whose circumstances make them vulnerable:

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Appointment reminders were sent by text message. For patients who were identified as being at risk of forgetting their appointments, the receptionist would put a reminder message on their appointment screen to call the patient on the day.

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

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, responsive and well-led services, which affects all six population groups. This population group is rated as requires improvement overall.

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

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

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients generally had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us that they did not find the appointment system easy to use.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment. The practice was aware of the data and had acted to improve. However, practice opening hours did not provide adequate access for patients.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them. However, there was minimal evidence provided to show how learning from complaints improved 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. However, we were not assured how the practice learned lessons from individual concerns and complaints. When we reviewed the complaints analysis, it was not clear what learning took place from their investigations.

Please refer to the evidence tables for further information.

Are services well-led?

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

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

- There were gaps in governance structure
- Risk management was not consistently implemented or monitored. Mitigating actions had not been effectively implemented to address all identified risks.

Leadership capacity and capability

Monitoring was required to ensure that all leaders had the capacity and skills to deliver high-quality, sustainable care.

- Although the partners in the practice had the capacity and skills to deliver high quality care, there was insufficient oversight to ensure that this was taking place at all managerial levels of the practice.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services although this was not consistently evidenced by some senior management, where their lack of training in some areas hindered them from demonstrating their capability. They understood the challenges the practice faced and were actively looking at how best to address these.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a vision to improve and provide high quality, sustainable care; however, improvement was required.

- There was a vision and set of values in place. The practice had a strategy which was in line with health and social care priorities across the region. However, we were not provided with the supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned most of its services to meet the needs of the practice population; however, improvement was required to ensure that they met the needs of the patients by providing better access to care before 8.30am and after 6.00pm.

Culture

Further improvement was required to ensure a culture of high-quality sustainable care.

- Staff stated they felt respected and valued and were proud to work in the practice. Further support was required where junior staff experienced challenges with their workload.
- Leaders and managers did not always maintain sufficient oversight of performance inconsistent with the vision and values.
- The processes for providing all staff with the development they need required improvement. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year, except for a clinician who worked reduced hours, who had not received their appraisal.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They generally had confidence that these would be addressed.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There relationships between staff and teams were mostly positive.

Governance arrangements

The systems to support good governance and management were not delivered effectively.

- Structures, processes and systems to support good governance and management were not clearly set out, understood and always effective.
- The approach for supporting and managing staff when their performance was poor or variable required monitoring. On inspection, we found that some staff who were allocated senior posts did not receive sufficient training or supervision to enable them to complete their role effectively. Monitoring was also required to ensure that any support systems in place, such as readjustment of workload, were still operating effectively. This was in relation to ensuring that staff responsible for following up two week wait referrals were adequately monitored.
- The governance and management of partnerships, joint working arrangements and shared services did not always promote co-ordinated person-centred care. While the practice worked together with their local hospital to share whiteboard data to identify patients at risk and provide continuity of care, they did not ensure triangulation of care with the out of hours service for their nursing home patients, as notes were being recorded back at the surgery and not at the nursing home.
- Not all staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The process to identify what was considered a significant event was not in place. The significant event log did not always identify action and outcome of event.
- Practice leaders had established policies, procedures and activities; to ensure safety; however, they had not assured themselves that they were operating as intended. There were not reviewed on a regular basis and some policies such as the clinical governance policy were not comprehensive.

Managing risks, issues and performance

The processes for managing risks, issues and performance were not effectively implemented or monitored.

- There were some systems to identify and monitor risks to patient safety. However, some of the arrangements were not always well implemented or followed up. During the inspection, we identified risks in relation to safeguarding processes, safety alerts, recruitment, infection control, two-week wait referrals, information governance, staff vaccinations, medicines, fire safety and significant events.
- Practice leaders had oversight of safety alerts, incidents, and complaints.
- The practice had processes to manage current and future performance.
- Although there was evidence of quality improvement activity such as clinical audit, they were not systematic for the practice.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

- We were not assured that quality and operational information was effectively used to ensure and improve performance. For example, although performance information was combined with the views of patients, the practice did not always take steps to improve performance where patient satisfaction scores were lower than average, in relation to their consultations with healthcare professionals.

Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- The arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems required review and monitoring. For example, the practice held patient records in a filing cabinet in the reception area, opposite the waiting room. However, they had not taken action to ensure that the broken filing cabinet door was promptly replaced, so that patient records remained secure and confidential.
- The practice had not taken steps to ensure that persons collecting samples were easily identified. For example, on the day of inspection, we observed a courier come to collect some patient samples inside the reception. However, the courier wore a helmet and front-desk staff had not taken steps to ensure that they had checked his identification.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of some systems and processes for learning, continuous improvement and innovation.

- There was some focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. However, in some cases leaders need to take adequate action to review team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks in particular:</p> <ul style="list-style-type: none">• Recommended risk assessments were not carried out in the time frames indicated. Actions were not always taken to address the risk assessments recommended areas for improvement.• Fire drills were not carried out regularly and the fire risk assessment actions were not clearly implemented.• Recommended actions from the infection control audit had not been carried out. Clinical waste bags were not labelled.• Three of the four vaccines fridges only had one thermometer.• The practice did not hold all recommended emergency medicines such as morphine, and a risk assessment was not in place to determine the range of medicines held.• We were not provided with vaccination records for nursing staff. <p>This was in breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Governance and monitoring systems were not established and operated effectively.</p>

This section is primarily information for the provider

Requirement notices

- The provider did not ensure that their governance systems remained effective. This included controlling risk in relation to patient records in the reception office.
- The safeguarding processes were not effective. The child safeguarding policy was not signed or reviewed on a regular basis. The alert codes recorded in the policy were inconsistent with those recorded on the computer system.
- The provider did not have processes in place to ensure that all staff read safety alerts relevant to their roles.
- There was no information provided to demonstrate to staff what the practice considered to be a significant event. The significant event log did not always identify action and outcome of event, and it was not always clear what learning took place from their investigations.
- Identified risks to patient safety were not continually monitored and appropriate action was not taken where a risk was identified. Risk reviews were not carried out as recommended. This was in relation to the fire safety risk assessment and the Legionella risk assessment.
- There was no Control of Substances Hazardous to Health (COSHH) risk assessment carried out.
- The processes to ensure all policies were reviewed and signed was not in place.
- They had failed to monitor that two-week referrals had been followed up and documented on the two-week referral log since May 2018

This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

- The provider did not always ensure that staff in senior roles received appropriate ongoing or periodic supervision to make sure competence was maintained.
- There were gaps in mandatory training including fire safety and yellow fever update training for nursing staff.

This was in breach of regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

- The provider had not ensured that recruitment procedures were established and operated effectively.
- There was no application form, full employment history, proof of identification or references for a new clinical member of staff.
- One clinician did not have an interview summary and appropriate references in place.

This was in breach of regulation 19 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.