

Dr Pervez Sadiq

Quality Report

Dr Pervez Sadiq
Also known as
Hillside House Surgery
The Blue Bell Centre,
Blue Bell Lane,
Huyton
Liverpool
Merseyside
L36 7XY
Tel: 0151 2443187
Website:

Date of inspection visit: 14 March 2018
Date of publication: 30/04/2018

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
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

Contents

Summary of this inspection

Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Dr Pervez Sadiq	5
Detailed findings	6
Action we have told the provider to take	17

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection April 2015 -Good)

The key questions are rated as:

Are services safe? – GOOD

Are services effective? –GOOD

Are services caring? – GOOD

Are services responsive? – GOOD

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We rated the population groups as GOOD overall.

We carried out an announced comprehensive inspection at Dr Pervez Sadiq on 14 March 2018. This was a part of our inspection programme. Overall the practice is rated as good.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider must make improvements:

- Ensure good governance of systems and processes is established and operated to ensure compliance with the requirements of the regulations.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Dr Pervez Sadiq

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser.

Background to Dr Pervez Sadiq

The Pervez Sadiq practice, also known as, the Hillside House Surgery occupies a part of the Blue Bell Centre. The practice was registered with CQC in April 2013. The practice is situated at The Blue Bell Centre, Blue Bell Lane, Huyton, Liverpool, Merseyside. L36 7XY.

The practice provides a range of primary medical services including examinations, investigations and treatments and a number of clinics such as Ante-natal; well-baby; diabetes and asthma.

- The practice is responsible for providing primary care services to approximately 2,975 patients.
- Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is higher than the national average.

- The majority of patients, approximately 98%, are white British.

The practice provided:

- Two full-time male general practitioners and one part-time female locum general practitioner.
- One female practice nurse who was trained to treat and monitor certain health conditions who also worked as the practice manager.
- One newly employed part-time female advanced nurse practitioner who worked as a practice nurse.
- One female health care assistant.
- The practice is open between 8 am and 6.30pm Monday to Friday, with late night opening until 8pm every Wednesday.
- Patients are directed to NHS111 when the practice is closed.

The provider is registered to provide the following regulated activities:

- Diagnostic and screening services
- Maternity and midwifery
- Surgical procedures
- Treatment of disease, disorder and injury.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were reviewed. Staff, however, did not document their completion of a formal induction process or confirm they were alerted to and understood policies and procedures. In addition adherence to policies and procedures was not monitored.
- The practice had systems to safeguard children and vulnerable adults from abuse. These policies were reviewed and accessible to all staff. They outlined clearly who to go to for further guidance. The safeguarding policy however did not include recent relevant guidance such as information about safeguarding and identifying those at risk of female genital mutilation (FGM), human trafficking and sexual exploitation.
- All clinical and administrative staff had received up-to-date safeguarding and safety training appropriate to their role. The safeguarding lead had completed level three adult safeguarding and child protection training and knew how to identify and report concerns. Staff who acted as chaperones had been trained for the role and completed DBS checks. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including professional registration where relevant, on recruitment. However, employment checks were incomplete because the provider did not always take up references for staff if the person was known to them.

- There were systems to manage infection prevention and control. However these did not include ensuring small pieces of equipment such as stethoscopes were regularly checked and cleaned as appropriate.
- Calibration of some equipment was in keeping with the manufacturer's instructions however, the practice had not ensured that all electrical equipment had been checked and maintained according to manufacturer's instructions, for example the hydraulic couches and other items such as examination lamps had not been checked. The practice took steps to resolve these issues after the inspection visit.
- There were systems for safely managing healthcare waste products.

Risks to patients

Some improvements were needed to the systems in place to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Processes for induction were not adequate. Induction checklists were in place but these were not used. A locum GP induction pack was in place but this did not provide the information suggested in best practice guidance.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention; however the provider had not checked whether staff understood how to respond to the electronic emergency-call system when operated from a consulting room.
- Clinicians knew how to identify and manage patients with severe infections for example, sepsis. Reception and administration staff were informed about recognising serious cardiac symptoms and plans were in place to provide training about recognising the signs of sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment and referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and systems were in place to receive and respond to patient safety alerts.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture. The provider was introducing systems to support and improve safety.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. The practice learned from external safety events as well as patient and medicine safety alerts. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong and improvement made in response, for example additional training for staff.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Information was shared between teams.

Are services effective?

(for example, treatment is effective)

Our findings

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

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' needs were fully assessed. This included their clinical needs and mental and physical wellbeing.

- The average daily quantity of Hypnotics prescribed per specific Therapeutic group was 0.58 which was comparable to the CCG average of 1.28 and England average of 0.90.
- The number of antibacterial prescription items prescribed per specific therapeutic group was 1.34 which was comparable to the CCG average of 1.15 and England average of 0.98.
- The percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was 7% which was comparable to the CCG average of 8% and England average of 9%.
- 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:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients over 75 had a named GP and were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were 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; however, training needs had not been reviewed.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were, on average, in line with the target percentage of 90%. The practice was investigating the areas where take up was below average.
- Teenagers constituted about 9% of the practice population and the practice had strong links with a local teenage health promotion organisation.

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

- The practice's uptake for cervical screening was 73% which was comparable to the CCG average of 71% and England average of 72%.
- 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 an appropriate follow-up on the outcome of health assessments and checks where abnormality or risk factors were identified.

People whose circumstances make them vulnerable:

- Processes were in place to ensure end of life care or a life-limiting condition 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 people living in residential homes or those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Are services effective?

(for example, treatment is effective)

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

- Systems were in place for the practice to carry out advance care planning for patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

The practice performed in line with the CCG (local) and national average in relation to reviewing the care of patients diagnosed with dementia.

- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months was 83% which was comparable to the CCG average of 85% and England average of 84%.

Many of the performance for mental health related indicators was significantly better than the CCG and national averages.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the records in the preceding 12 months was 100% which was significantly better than the local average of 92% and the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- 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 for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice routinely considered the physical health needs of patients with poor mental health and those living with dementia. For example patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% compared with the CCG average of 93% and national average of 91%.

- The percentage of patients experiencing physical and or mental health conditions who had received advice about smoking cessation was 100%, the CCG average was 97% and the national average was 95%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- A number of clinical audits had been completed which included antimicrobial prescribing and use of other medicines. These audits had completed two cycles and changes in prescribing had been made as a result.
- Other audits included an audit in care for patients with dementia.
- The most recent published 2016/2017 Quality Outcome Framework (QOF) results showed the practice attained 99% of available points which was in line with the local average. (QOF is a system intended to improve the quality of general practice and reward good practice.)
- The overall exception reporting rate was 10% which was comparable with a national average of 9.6%. (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.) The practice had systems in place to contact patients who did not attend invitations for check-ups and screening.
- The practice used information about care and treatment to make improvement.
- The practice was actively involved in quality improvement activity, for example, through participating in local pilots.
- Where appropriate clinicians took part in local and national improvement initiatives for example by using evidence based guidelines in all aspects of care provided.

Effective staffing

Staff had the skills, knowledge and experience to carry out their professional and clinical roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training and could demonstrate how they maintained their skills. However, staff did not have clearly defined job descriptions and these were not updated when roles were changed.

- The practice was completing a training and skills needs analysis for staff. They were also updating the training program and provider used to deliver training.
- Staff had protected time to complete training. Up to date records of skills, qualifications and training were maintained and staff were encouraged and given opportunities to develop. However, systems were not in place to check the effectiveness of staff training in dealing with emergency situations.
- The practice used feedback from external systems to review the competency of practitioners in advanced roles.
- There was a clear approach for supporting and managing staff when it was identified that their performance was poor or variable.

Coordinating care and treatment

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

- Records showed processes were in place to involve all appropriate staff, including those in different teams, services and organisations, in assessing, planning and delivering care and treatment.
- 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 end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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 and tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.
- Staff had completed Mental Capacity Act (MCA) and deprivation of liberty training as appropriate to their roles.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patient's personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the 26 patient Care Quality Commission comment cards we received were positive about the service provided.
- Patients said they felt the GPs offered an excellent service; all the staff were helpful, caring and treated them with dignity and respect at all times.

Results from the 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 379 surveys were sent out and 97 were returned. This represented about 3% of the practice population. The practice had outcomes comparable with or slightly below the local and national scores for consultations with GPs and nurses.

- 78% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 96%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.

- 91% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Staff communicated with patients in a way that they could understand.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers.

- The practice had a carers register and 58 carers had been identified, approximately 2% of the patient population. Patients on the register were invited for health programs such as influenza injections.
- The practice identified carers by linking the needs of patients to people living in their households. The provider found that people who were carers were often registered with a different practice. Plans were in place, however to encourage new patients to self-declare at time of registration.

Are services caring?

Results from the national GP patient survey showed patients responded were mostly positive to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or slightly below local and national averages:

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 80% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG 84% and the national average of 82%.

- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 89% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive care across all population groups.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours and online services such as, advanced appointment bookings and repeat prescriptions.
- The practice improved services where possible in response to unmet needs and made reasonable adjustments when patients found it hard to access services for example home visits.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether 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.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them maintain their health and independence for as long as possible.

People with long-term conditions:

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

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

We rated this population group good in responsive

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

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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 provided longer appointments for patients according to their individual needs, such as those with learning disabilities.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Systems were in place to ensure vulnerable patients such as those with a learning disability or mental health needs received invites for regular health checks.

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

- Staff interviewed including administration staff had an understanding of how to support patients with mental health needs and those patients living with dementia. The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to the local and national averages. 379 surveys were sent out and 97 were returned. This represented about 3% of the practice population.

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 76% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 77% and the national average of 71%.
- 88% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 84%.
- 94% of patients who responded said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
- 76% of patients who responded described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.

- 29% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%. In response to this finding the provider had reviewed the appointments system.

Patients who returned CQC comment cards feedback that appointments were usually on time. No negative comments or suggestions for improvement were made.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to use. Staff treated patients who made complaints with compassion.
- The complaint policy and procedures were in line with recognised guidance. Four complaints were received in the last year (2017). We reviewed a sample and found that they were handled openly and in a timely way. The provider also responded to comments made on public information websites.
- The practice learned lessons from individual concerns and complaints and acted as a result to improve the quality of care.

The practice learned from lessons learnt from individual concerns and complaints also from an informal analysis of trends. It acted on concerns to improve the quality of care. For example identifying whether staff had training needs around a specific topic.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service across all population groups.

Governance processes did not promote and support continual safe and effective care and treatment.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice needed to develop a formal strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy however new roles needed to be clarified.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. The whistleblowing policy directed staff to an outside agency for support.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- However, the practice did not have a lone workers policy and so the emphasis on staff safety and well-being needed to be strengthened.

Governance arrangements

Responsibilities were unclear and roles and systems of accountability were not updated to support good governance and management.

- Practice leaders had established proper policies, procedures to ensure safety but needed to take more steps to assure themselves that these were operating as intended.
- However, the governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Managing risks, issues and performance

Are services well-led?

Requires improvement 

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

- There were clear and effective processes for managing risks, issues and performance.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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 and acted 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 systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example access to training was been improved and a training plan developed.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance, however uptake for these opportunities was not monitored.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>(1)(2)(b)</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Systems or processes were established but were not operated effectively to ensure compliance with the requirements in this Part.• Systems were not in place to ensure that when policies and processes were reviewed these were updated to include the changes in best practice guidance.• Systems in place did not ensure infection control policies and procedures were comprehensive and included all of the equipment used at the practice.• Systems in place did not ensure all of the appropriate safety checks had been completed for all equipment used at the practice.• Systems were not in place to monitor the effectiveness of staff training, for example emergency response training.• Systems were not in place to monitor adherence to policies and procedures, for example the staff induction and recruitment policy.