Dr Tahir Haffiz

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	Inadequate
Are services safe?	Requires improvement
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Inadequate

Overall summary

This practice is rated as inadequate overall. (Previous inspection 10 2017 – Inadequate)

The key questions are rated as:

Are services safe? – *Requires improvement*

Are services effective? – *Inadequate*

Are services caring? – *Good*

Are services responsive? – *Requires improvement*

Are services well-led? - *Inadequate*

We carried out an announced comprehensive inspection at Dr Tahir Haffiz on 30 May 2018 to follow up on breaches of regulations identified in a previous inspection on 10 October 2017. There were breaches in infection control, emergency processes, quality improvement and safety systems. The full comprehensive report from the inspection on 10 October 2017 can be found by selecting the 'all reports' link for Dr Tahir Haffiz on our website at .

A focussed inspection was carried out on 26 February 2018, this inspection was not rated and took place to ensure the practice was complying with the breaches in regulations as identified by the warning notices they were issued in their previous inspection. This report can be found by selecting the 'all reports' link for Dr Tahir Haffiz on our website at . This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection in May 2018 we found:

- Processes to keep patients safe and safeguarded from abuse were not effective.
- Systems for learning from significant events and complaints were not effective.
- Not all staff members knew how to access practice policies and procedures which were saved on the practices computer system.
- There was no comprehensive management oversight of clinical training and training updates.
- Information required to prescribe high risk medicines was not effectively documented.
- Learning and changes made as a result of patient safety alerts were not effectively shared with all relevant staff members.
- There were flaws in recruitment processes; references and evidence of membership with a professional body were not always obtained.
- Although the practice demonstrated improvement in the Quality and Outcomes Framework (QOF) further improvements were required to bring the practice in line with local and national averages.
- Low cytology uptake had not been adequately addressed.
- There was no documented vision and values with a strategy to address them.
- Portable appliance testing was out of date.
- There was evidence of quality improvement including a completed clinical audit cycle.
- Emergency equipment was routinely checked to ensure it was in date and fit for use.
- Childhood immunisation rates were above the 90% national targets.

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

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

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

- Ensure systems are in place to improve cytology uptake.
- Consider ways to improve confidentiality at the reception desk.
- Review the practices recruitment processes to ensure legal requirements are being met.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

Population group ratings

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

Our inspection team

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

Background to Dr Tahir Haffiz

Dr Tahir Haffiz is located in Islington in a health centre, which it shares with community services such as a baby clinic, podiatry services and an ulcer clinic. The premises are purpose built and operated by the local NHS trust. There are good transport links and pay and display parking on surrounding streets.

The practice provides NHS services through a General Medical Services (GMC) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) to approximately 3060 patients. It is a part of the NHS Islington Clinical Commissioning Group (CCG), which is made up of 33 general practices.

Dr Haffiz (the provider) is registered with the Care Quality Commission to carry out the following regulated activities – treatment of disease, disorder or injury, family planning, maternity and midwifery services and diagnostic and screening procedures. The practice patient profile has a higher than average proportion of younger adults aged between 25 and 35, but fewer older patients. There is a higher than the local average of patients with a long standing health condition at 59% compared to the CCG average of 46%. Deprivation levels among the population were high with the practice being scored two on the deprivation scale (based on a score of one to 10, one being the most deprived).

Clinical staff includes a male principal GP who completes 8 sessions per week, a regular male locum who completes two to four sessions per month and a practice nurse who carries out four sessions a week. There is a practice manager and three reception/administrative staff members.

The practice reception operates between 9am and 2pm each morning and between 4pm and 6pm on Monday to Wednesday and Friday. The practice is closed on a Thursday afternoon and at weekends. Appointment times are as follows:

- Monday 9:10am to 12:30pm and 4pm to 6pm
- Tuesday 9:10am to 12:30pm and 4pm to 6pm
- Wednesday 9am to 12:30pm and 2pm to 6:10pm
- Thursday 9:10am to 11:40am
- Friday 9:10am to 11:40am and 4pm to 6pm

The practice was a part of the local HUB which provided some GP and nurse appointments across three sites on weekdays and weekends when the practice was closed.

Requires improvement

Are services safe?

At our previous inspection on 10 October 2017, we rated the practice as requires improvement for providing safe services as the arrangements for risk assessments, emergency processes and sharing learning were not adequate. We carried out a focussed follow up inspection on 26 February 2018 to see whether the practice had remedied the breaches in regulation previously identified. This inspection was not rated and we found that the practice had made some improvements.

These arrangements had improved when we undertook a comprehensive inspection on 30 May 2018, however new issues were identified. The practice is still rated as requires improvement for providing safe services.

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

- Systems to keep patients safe and safeguarded from abuse were not effective.
- Recruitment systems were not effective.
- There was no management oversight of clinical staff training.
- Systems to share learning was not effective.

Safety systems and processes

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

- The practice did not have appropriate systems to safeguard children and vulnerable adults from abuse. All staff permanently employed by the practice received up-to-date safeguarding training appropriate to their role, but the practice did not receive evidence that locum staff members had completed any safeguarding training. Not all staff members were able to confidently access the safeguarding policies on the practices computer system without prompting and told us they would report any concerns to the GP or manager. Post inspection we were told that all staff had received refresher training on accessing policies the day befor Not all relevant staff members could demonstrate that they knew how to access reports and learning from safeguarding incidents.
- 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).
- The GP worked with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice did not carry out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice did not have effective arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an induction system for permanent members of 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.
- When there were changes to services or staff the practice could not demonstrate that they assessed or monitored the impact on safety. However we were told that there had been no significant changes made to the practice.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.

Requires improvement

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted 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 no comprehensive risk assessments in relation to safety issues.
- The practice told us it used QOF and prescribing data to monitor and review activity to help it to understand risks and give a clear, accurate and current picture of safety to lead to safety improvements.

Lessons learned and improvements made

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

- Not all staff understood their duty to raise concerns and report incidents and near misses.
- Systems for reviewing and investigating when things went wrong were not adequate. The practice did not effectively learn and share lessons to improve safety in the practice.
- Systems to act on and learn from external safety events as well as patient and medicine safety alerts had flaws.

Please refer to the Evidence Tables for further information.

Inadequate

Are services effective?

At our previous inspection on 10 October 2017 we rated the practice as inadequate for providing effective services as arrangements in respect of Quality and Outcomes Framework (QOF) achievement, quality improvement, following evidence based guidelines and staff appraisals needed improving, as a result the practice was issued a warning notice. We carried out a focussed follow up inspection on 26 February 2018 to see whether the practice had remedied the breaches in regulation previously identified. This inspection was not rated and we found that the practice had made some improvements.

These arrangements had improved when we undertook a comprehensive inspection on 30 May 2018, however new issues in relation to staff training and clinical training updates were identified. The practice is still rated as inadequate for providing effective services.

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

- The practice had no assurance that clinical staff members had completed clinical updates.
- There was no system to monitor the process for seeking consent.
- Although there had been improvement in QOF further improvement was still necessary.
- Cytology uptake was below the local and national averages.

Effective needs assessment, care and treatment

The practice systems to keep clinicians up to date with current evidence-based practice needed improving. However, 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.

- Clinicians could not demonstrate that they attended clinical updates to ensure they were administering care and treatment in line with the most up-to-date guidance and changes in practice.
- 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 did not have access to tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or maybe vulnerable were offered a review of their physical, mental and social needs.
- Health checks were available for patients aged over 75, there was no system to routinely invite these patients for this check at the time that they required it. 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions were offered an 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, but not all staff could demonstrate that they had attended the required training updates.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

Inadequate

Are services effective?

- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Based on 2016/17 Quality Outcomes Framework (QOF) data, exception reporting was significantly higher than the CCG and national averages for the majority of the clinical areas. For example, there was an exception reporting rate of 44% compared to the CCG average of 8% and the national average of 11% for patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale. Unverified 2017/2018 this exception reporting rate had reduced to 12%.

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 above the target percentage of 90%.
- Newly pregnant women on long-term medicines were identified and reviewed when their pregnancy was registered. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 51%, which was below the 80% coverage target for the national screening programme. The practice was aware of their low cytology uptake and told us that they addressed this by sending patients letters advising that they were due this screening and the implications of not having this done.
- The practices' uptake for breast and bowel cancer screening was in line with the CCG averages but below the national average. No action had been taken to improve this.
- The practice had informed 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:

- 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 asylum seekers 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):

- The practice offered health checks to assess and monitor the physical health of people with mental illness, severe mental illness, and personality disorder. 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.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the CCG average of 87% and the national average of 84%.
- 79% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is below the CCG average of 91% and the national average of 90%. Unverified 2017/18 data shows a practice increase to 89%.
- The practice system to consider the physical health needs of patients with poor mental health and those living with dementia was not effective. For example, 79% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, which was below the national average of 91%. Unverified data from 2017/18 shows a practice increase to 91%.

- 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.

Monitoring care and treatment

The practice had a programme of quality improvement activity and sometimes reviewed the effectiveness and appropriateness of the care provided. For example, the practice completed an audit with the aim to ensure all patients on the Atrial Fibrillation (AF) register who were not being prescribed anticoagulants, had their stroke and bleeding risk assessed and where appropriate prescribed anticoagulants. The first audit found 14 patients coded as diagnosed with AF but not being prescribed anticoagulation medicines, these patients were reviewed and four did not meet the threshold for anticoagulation, two patients did not have AF, one patient was being assessed by secondary care, two patients AF had been resolved three patients were asymptomatic and referred for 24-hour Electrocardiogram monitoring and one patient was started on anticoagulants. The second audit found 11 patients coded as having a diagnosis of AF, four of these patients did not meet the threshold for anticoagulation, one had their AF resolved, one patient had been reviewed by secondary care and refused medicines, two patients were suitable for anticoagulation and two patients were not contactable. The practice agreed that this audit should be repeated every six months.

- Unverified 2017/18 QOF data provided to us by the practice demonstrated an improvement in QOF results. For example, in 2016/17 56% of patients on the diabetes register had an IFCC-HbA1c of 64mmol/mol or less compared to the CCG average of 79% and the national average of 80%; the practice also had high exception reporting at 32% compared to the CCG at 15% and the national average of 12%. The 2017/18 data showed the practice achieved 63% (7% increase) with 21% exception reporting (11% decrease).
- 2016/17 QOF data showed 23% of patients with asthma had an asthma review in the preceding 12 months that included an assessment of asthma control using 3 RCP questions compared to the CG average of 77% and the national average of 76%; exception reporting was 0.6% compared to the CCG average of 4% and the national average of 8%. Data from 2017/18 indicated that 70% of patients had this review completed (47% increase) and although exception reporting had increased to 5% it was still below the CCG and national averages.
- The practice was involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was made aware by the CCG that they had a high level of broad spectrum antibiotic prescribing and so they carried out an audit to investigate their prescribing habits, as a result over a four month period the practice reduced its broad spectrum antibiotic prescribing from 28% to 10% of their total number of antibiotic prescriptions.

Effective staffing

The practice could not demonstrate that staff had up-to-date skills, knowledge and experience to carry out their roles.

- Staff had completed training 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 but could not demonstrate how they stayed up to date as there was no record of clinical updates being attended.
- The practice understood the learning needs of staff and provided protected time to non-clinical staff only to meet them. However, up to date records of skills, qualifications and training were not maintained.
- The practice provided staff with support through a system of appraisals and support for revalidation.
- There was no clear or documented approach for supporting and managing staff when their performance was poor. However post inspection we were told that there was a suite of policies available of this.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

Inadequate

Are services effective?

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

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice did not monitor the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

At our previous inspection on 10 October 2017 we rated the practice as good for providing caring services. The practice was still rated as good when we carried out a comprehensive inspection on 30 May 2018.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected respect patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They told us they would challenge behaviour that fell short of this. However conversations held between reception staff and patients could be overheard in the waiting area.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services responsive to people's needs?

At our previous inspection on 10 October 2017 we rated the practice as requires improvement for providing responsive services as arrangements in respect of planning and providing services to meet the needs of the local population and appointment timings needed improving. We carried out a focussed follow up inspection on 26 February 2018 to see whether the practice had remedied the issues identified. This inspection was not rated and we found that the practice had made some improvements.

These arrangements had improved when we undertook a comprehensive inspection on 30 May 2018, however further improvements was required and new issues in relation to complaint handling were identified. The practice is still rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services, they were based in a purpose-built building with a lift to access upper floors.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

People with long-term conditions:

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being met. However, appointment times with the nurse were limited, there were no appointments with the nurse at the practice before 9am or after 5pm. Outside of these times patients had the option of using the local HUB service.
- The practice held 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.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment when necessary.
- There were a limited number of nurse appointments available outside of school hours at the practice.

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

- Extended hours appointments were not provided by the practice, patients were required to use the HUB services for treatment outside of core hours.
- There were no appointments available with the practice nurse before 9am or after 5pm to accommodate working hours. outside of these hours, patients had the option of using the local HUB service.
- There was no access to appointments, reception desk services or the practice telephone to book appointments or make queries each day between 2pm and 4pm.

People whose circumstances make them vulnerable:

Requires improvement

Are services responsive to people's needs?

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- These patients were invited for an annual review to assess their health needs and were offered an alternative appointment if they did not attend.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Appointment time availability did not include appointments before 9am and there was no access to the practice each day between 2pm and 4pm.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

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

- The practice recorded verbal complaints.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice shared lessons learned from individual complaints and acted on them in a timely way.

Please refer to the Evidence Tables for further information.

Inadequate

Are services well-led?

At our previous inspection on 10 October 2017, we rated the practice as inadequate for providing well-led services as the arrangements in respect of leadership and governance, quality improvement, vision and strategy and patient outcomes were not adequate. We carried out a focussed follow up inspection on 26 February 2018 to see whether the practice had remedied the breaches in regulation previously identified. This inspection was not rated and we found that the practice had made some improvements.

There were no further improvements in these arrangements when we undertook a comprehensive inspection on 30 May 2018. The practice is still rated as inadequate for providing safe services.

The practice was rated as inadequate for providing well-led services because:

- Leaders did not all have the capacity or knowledge to monitor and govern activity.
- There was no documented vision or strategy to achieve goals.
- Not all staff members knew how to access practice polices and were not confident with their content.
- There were no processes to identify and act on future risks.
- Equality and diversity was not actively promoted.

Leadership capacity and capability

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

- Not all leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Due to limited working hours, not all leaders were routinely visible in the practice but we were told all leaders were approachable.
- The practice could not demonstrate that it had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was no clear or documented vision and set of values, the practice told us they had the vision to provide good quality care to their population and wanted to employ a female GP. The practice had no strategy or supporting business plans to achieve priorities.
- Not all staff were aware of or were able to effectively demonstrate that they understood the vision, values and their role in achieving them.

Culture

The practice did not have 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 told us they focused on the needs of patients.
- Leaders and managers were unable to demonstrate that they had systems to act 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, but did not always receive feedback on outcomes of concerns or incidents that were raised.
- The processes for providing clinical staff with the development they need was not effective. It did not include training updates but appraisals were completed in the previous 12 months and we were told that staff would be supported to meet the requirements of professional revalidation.
- Clinical staff were not given protected time for professional development and evaluation of their clinical work.
- The practice could not demonstrate how it actively promoted equality and diversity. Staff had not received equality and diversity training. Staff felt they were treated equally and told us they treat patients how they wished to be treated.
- There were positive relationships between staff and teams.

Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management were not clear.

Inadequate

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, however they were not understood by all staff including staff who had lead responsibilities. The governance and management of joint working arrangements did not effectively promote interactive working
- Staff were not all clear on their roles and accountabilities including in respect of safeguarding.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However not all staff members knew how to confidently access these without prompting and had a limited understanding of what was contained in them.

Managing risks, issues and performance

There was limited clarity around processes for managing risks, issues and performance.

- The practice used QOF and immunisation data to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice did not have clear processes to manage current and future performance. Performance of employed clinical staff was not effectively monitored, for example through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts.
- 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.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The practice reviewed the results of the national GP patient survey with patients.
- Quality and sustainability was not discussed in relevant meetings where all staff had sufficient access to information. The practice did however discuss ways of improving QOF performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. Identified weaknesses such as QOF achievement was being addressed.
- The practice submitted data or notifications to external organisations as required.
- There were effective 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, there was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

The practice had installed a new computer system which enabled better communication with patients for example the system allowed for text messaging reminders to be sent.

Please refer to the Evidence Tables for further information.