

Pak Health Centre - R Bhatti

Inspection report

Pak Health Centre
38 Alum Rock Road
Birmingham
West Midlands
B8 1JA
Tel: 01213273926
<WWW.XXXXXXXXXXXXXXXXXX>

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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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall. We carried out an announced comprehensive inspection at Pak Health Centre on 4th April 2018 as part of our regular inspection programme.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? - Require Improvement

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? - Requires Improvement

At this inspection we found:

- Systems and processes within the practice were not always fully effective or monitored to mitigate risk including patient safety alerts, Legionella risk management and safe handling of prescriptions.
- The practice could not demonstrate an effective system around the oversight of training.
- The practice's performance in relation to screening and immunisations was below local and national averages.
- The practice had performed clinical audits which demonstrated improvements in patient care.
- Patients we spoke with said that all staff were compassionate and helpful and listened to what they had to say. We observed staff treating patients with respect and compassion.
- The GP national survey results July 2017 identified lower patient satisfaction in some areas. There had been an additional survey undertaken by the federation whom the practice were members of. There had been no action taken as a result of patient feedback.

The areas where the provider **must** make improvements 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:

- Continue to review and monitor significant events and complaints to identify trends.
- Consider ways to further improve the uptake of immunisations and screening.
- Ensure complaints responses include all information recommended by national guidance.
- Continue exploring opportunities to improve patient satisfaction.

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, a practice nurse specialist adviser and a second CQC inspector.

Background to Pak Health Centre - R Bhatti

Pak health Centre is located in Saltley Birmingham on Alum Rock road. The practice provides services for approximately 5000 registered patients. For further details please refer to the practice website; www.pakhealthcentre.com/Home.

The practice population consists of 80% of the patients who identify as Black, Minority, Ethnic (BME) and 94% of these are of South Asian origin.

The deprivation decile stands at one out of 10 (The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The Index of Multiple Deprivation ranks every small area in England from one (most deprived area) to 10 (least deprived area). The practice services a mostly younger population, having a low number of over 65 (approx. 200 patients), the largest group being 15-44 both male and female (approx. 2500 patients).

The practice has three GPs, two male and one female who are supported by a practice nurse, a practice manager, an assistant practice manager and four reception staff. The practice is also a teaching practice.

This provider is registered to provide four regulated activities including; Treatment of disease, disorder or injury, maternity and midwifery services, family planning and diagnostic and screening procedures.

The practice holds a Primary Medical Services (PMS) contract with NHS England.

The practice opening hours are; Monday to Friday: 9.00am to 1pm & 2pm to 6.30pm and the doctors consulting times are; Monday to Friday 9.30am to 12pm and then 4pm till 6pm. In addition the practice has extended opening hours on a Monday from 6.30pm till 9pm.

Telephone lines are available from 8am and when the practice is closed calls are diverted to the out of hours provider Birmingham And District General practitioner Emergency Rooms (BADGER) .

Are services safe?

At this inspection we have rated the practice requires improvement in respect of managing safety and mitigating risks, the safe management of prescription stationery and insufficient management of patient safety alerts.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse, but these were not always consistent and were not always effectively monitored.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse and the staff we spoke to knew how to identify and report concerns. With the exception of one staff member, staff had received safeguarding training appropriate to their role.
- A system for sharing information and learning from incidents was established and staff we spoke to knew how to access the relevant information. Learning was included in monthly staff meetings.
- The staff we spoke to and whose files we viewed 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 practice provided information to other agencies that act to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect, including information for four separate domestic violence services.
- An infection prevention and control policy were in place as well as audits and associated action plans. However identified actions had not been completed.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order however actions resulting from these were not always effective: for example, the practice risk assessment did not ensure the safe storage of substances hazardous to health (COSHH) throughout the practice.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety but these were at times ineffective.

- No formal 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. Some members of staff we spoke with felt that staffing was insufficient at the practice. The practice provided us with evidence that they had tried to recruit a health care assistant (HCA), a new staff member was successfully appointed following the inspection.
- There was evidence of an effective induction system for staff that had already been employed by the practice. When asked, an appropriate locum pack to support GP locums working at the practice was provided.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- The staff we spoke to understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinicians we spoke with knew how to identify and manage patients with severe infections including sepsis. In addition the reception staff had access to information on how to recognise sepsis and what to do if they did.

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 viewed showed that information needed to deliver safe care and treatment was available to staff.

Are services safe?

- The practice had systems for sharing information with staff through team meetings, which were held each month as well other agencies through electronic reporting systems to enable them to deliver safe care and treatment to patients.
- Clinicians made timely referrals in line with protocols and guidelines.

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines, however their system for the management of prescriptions was not always effective.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks, including emergency medicines and oxygen.
- We found that the practice had a system to ensure prescription safety but we found that there was limited recording or monitoring of blank prescription stationery. The process in place to monitor uncollected prescriptions was also ineffective. Since the inspection the practice has forwarded us an updated policy and action plan to improve this.
- The practice prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance. The practice audited its antibiotic prescribing and had taken action to support good antimicrobial stewardship in line with CCG guidance.
- From the patient files we viewed we saw that patient's prescribed high risk medicines were being monitored appropriately. Those patients that we viewed were involved in regular reviews of their medicines.

Track record on safety

The practice had some systems in place to monitor safety, however at times this was inconsistent.

- The practice reviewed safety within the practice but the lack of consistent monitoring did not support the management of risk. For example, there were risk assessments in relation to safety issues such as Legionella but we found that actions identified had not been completed. Since the inspection the practice have provided us with an action plan to address areas identified.
- We saw that a fire risk assessment had been completed, however we found on the day of inspection, one of the fire doors was locked and inaccessible to patients in an emergency.

Once we had brought this to the attention of the practice staff they addressed this immediately.

- The practice had undertaken a health and safety risk assessment.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong within the practice but were unable to demonstrate how they took account of all external safety alerts.

- The staff we spoke to understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. These staff were also aware of the practice's whistleblowing policy.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons via team meetings and took action to improve safety in the practice. No overall analysis had taken place to monitor trends and outcomes of actions taken.
- The practice was unable to demonstrate an effective system for receiving and acting external safety alerts. There was no formal system for receipt and monitoring of all patient safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence based practice such as NICE guidelines. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation and in line with CCG guidance.

- Patients' immediate and ongoing needs were assessed. This included their clinical needs and their mental and physical wellbeing. For example: the practice had completed an audit to review patients on a specific medicine used for the treatment of epilepsy and the contraindications for women of child bearing age as well as other high risk medicines.
- Patients at the practice were able to access a Community Mental Health Nurse (CPN) providing appointments on a fortnightly basis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used a standard computer document management system.

Older people:

- Older patients who were frail or may be vulnerable received assessments of their clinical needs.
- Patients aged over 65 were invited for a health check according to the frailty assessment tool. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 58 patients a health check, 35 of these checks had been carried out.
- Multi-disciplinary meetings were in place to support patients. However these were often poorly attended by some healthcare professionals, but were regularly attended by health visitors. We saw that the practice engaged with community services to support joint working.

People with long-term conditions:

- Patients with long-term conditions had reviews to check their health and medicines needs were being met. The practice referred to secondary care for patients with long term conditions where necessary.
- The staff whose files we viewed who were responsible for reviews of patients with long term conditions had received specific training.
- The practice were proactive with regard to Atrial Fibrillation, for example undertaking audits with regards to medicines such as anticoagulants and also to ensure that NICE guidance was being followed. The practice provided evidence that this had had a positive impact in terms of the reduction of medicines patients required.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptakes rates for two of the four indicators were in line with the target percentage of 90%, however two remained below the target percentage.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care. For example repeated non attendees were referred to the health visitor.

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

Are services effective?

- The practice's uptake for cervical screening was 57%, which was below the 80% coverage target for the national screening programme.
- 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 if abnormalities or risk factors were identified
- The practice's uptake for breast and bowel cancer screening were both below the national average. The importance of bowel screening had been discussed with the PPG. The practice provided an action plan dated November 2017 to address low breast and bowel cancer screening results, however the practice was unable to demonstrate that this had had a positive impact on uptake.

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, for example the practice held Gold Standard Framework (GSF) meetings and passed special care notes to their out of hours service provider.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice was seeking advice on how to best support the language needs of patients within the practice.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness and severe mental illness, by providing access to health checks.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 83.7%. The exception reporting for this group was 5.6% which was below the local and national averages.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average of 91%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average of 93% and the national average of 91%.
- Patients at risk of dementia including all patients over 65 who had a frailty of severe and moderate were reviewed and had a mental health assessment. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability, data provided by the practice showed 80% of patients in this group had received a health check in the previous 12 months.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, the practice ran clinical audits. Where appropriate, clinicians took part in local improvement initiatives for example, the CCG local improvement scheme around cancer screening, from which their action plan was developed.

- According to Public Health England data the practice's cancer screening score was 57%, which is lower than that of the CCG average of 66% and the National average of 72%.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles For example;

Are services effective?

- The practice catered for the learning needs of staff by providing a list of training they considered to be mandatory. Generally staff training had been completed; however we found that some mandatory training had been missed, including fire. The system in place to identify gaps in training was not consistently used. Following the inspection, the practice provided evidence to confirm that all staff had completed fire training.
- Staff we spoke to explained that they had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice told us that staff were encouraged and given opportunities to develop, however feedback received from some staff highlighted that personal development was not always available.
- We saw that the practice provided staff with ongoing support in the form of an induction process, yearly appraisals, coaching and mentoring for new medical students, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver care and treatment. For example,

- We saw records that showed that all appropriate staff were involved in assessing, planning and delivering care and treatment.
- The practice held Gold Standard Framework (GSF) meetings for those nearing the end of their life and also monthly staff meetings that doubled as clinical meetings and multi-disciplinary team meetings (MDT). The practice invited other healthcare professionals where appropriate, however they did not always attend. The practice had a system for engagement outside of these meetings when necessary.
- The practice shared information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for children, but this was not always a formal process. We saw evidence that the guardians of children who had not attended their immunisation appointments were contacted and updates were passed to the health visitor.
- Patients received coordinated and person-centred care when they were referred, or after they were discharged from hospital.
- 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

The practice helped patients to live healthier lives.

- Patients who may be in need of extra support were directed to relevant services by the practice. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- 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, the practice referred to smoking cessation services where appropriate.

Consent to care and treatment

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

- The clinicians we spoke to understood the requirements of legislation and guidance when considering consent and decision making.

Are services effective?

Please refer to the Evidence Tables for further information.

Are services caring?

At this inspection we rated the practice as requires improvement for caring with respect seeking and acting on patient feedback including the GP national survey results.

Kindness, respect and compassion

Staff at the practice we spoke to and observed treated patients with kindness, respect and compassion.

- Responses from the GP patient survey and feedback from the some CQC comment cards were not always positive about the way patients felt treated.
- Staff we spoke with generally understood patients' personal, cultural, social and religious needs. The practice told us that they had seen an increase in patients from Romania joining the patient list and the practice had recently sought advice from the CCG on how to best support these patients.
- The practice provided information to patients with regards to issues such as bereavement.
- Patients whose records we viewed were given timely support and information, for example in terms of referrals.
- Some areas of the national patient survey identified that patients did not always feel listened to, and therefore not always satisfied with the care and treatment received. There had been no action taken to address this.

Involvement in decisions about care and treatment

The practice could demonstrate that they 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.)

- The practice communicated with people in a way that they could understand, for example, communication aids such as hearing loops and easy read materials were available, including some information in languages other than English.
- The practice helped patients and their carers find further information and access community and advocacy services.
- The practice identified carers and information on support was available for them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff we spoke to knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff we spoke to recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice as requires improvement for all population groups.

Responding to and meeting people's needs

The practice was aware of patient need and preferences but had not fully organised or delivered services to meet those needs, they had however begun to address this.

- The practice understood the needs of its population and tailored its services in response to those needs: for example, telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours. However, we found that language needs of some of the practice population had not been fully considered prior to the inspection. There were multilingual staff and interpreter services were available. In addition during the inspection the practice provided evidence of a request for further informational leaflets in other languages to support patients.
- The facilities and premises were appropriate for the services delivered.
- The practice provided care co-ordination for patients who were more vulnerable or who had complex needs for example, they co-ordinated with outside agencies for palliative care patients and for children, with regards to Macmillan Nurses and the health visitor, but had limited professional representation in their Multi-Disciplinary Team (MDT) meetings. The practice had a system for engagement outside of these meetings when necessary.
- The practice supported patients to access services with regular sessions being held at the health centre by the Community Psychiatric Nurse (CPN) and Citizens Advice Bureau (CAB). The practice had considered that these services would be beneficial to the patient group from research the practice had accessed on how to improve the wellbeing of patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was co-ordinated with other services.

Older people:

- All patients had a named GP who supported them with same day appointments for those with enhanced needs.
- The practice provided Flu vaccinations for this patient group.

People with long-term conditions:

- Patients with long-term conditions 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 and communicated with health professionals to coordinate care.

Families, children and young people:

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. On speaking with staff, we found there was inconsistency in the understanding of the age of children who could be seen the day.

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

- The practice offered an over 40 health check and sexual health checks
- The practice had appointments available for this group, however results from patient survey highlighted lower than average satisfaction scores for accessibility. The practice had extended opening hours on Monday from 6.30pm to 9pm.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and carers.
- The practice demonstrated that they had sought advice from the Clinical Commissioning Group (CCG) on how best to support patients with language needs.

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

- Staff that we spoke to had an understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had identified patients that were experiencing poor mental health and dementia. These patients were offered reviews and longer appointments when required.
- The patients had access to a Community Psychiatric Nurse (CPN) who attended the practice every two weeks.

Timely access to care and treatment

- Patients with the most urgent needs had their care and treatment prioritised.
- Patient feedback via the national patient survey demonstrated patients were not always satisfied with access to the practice via telephone or with the appointment system. The practice, although aware had not yet taken action, although they informed us that a new telephones system would be introduced. There had been no action taken to improve satisfaction whilst awaiting this development.

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; however the practice was unable to demonstrate that they fully supported patients to further escalate concerns. For example,

- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints but did not analyse trends.
- Information about how to make a complaint or raise concerns was available at the practice but this did not provide all the relevant guidance for patients on how to escalate concerns should they remain dissatisfied.

Please refer to the Evidence Tables for further information.

Are services well-led?

At this inspection we rated the practice as requires improvement for providing a well-led service due to lack of or failures in systems and processes. The management and monitoring of risk was not effective and we also found a lack of oversight and assurances that systems and processes were operating as intended.

Leadership capacity and capability

Leaders had the skills to deliver quality and sustainable care, however this was inconsistent at times.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services, however we found this had not been shared effectively with the staff.
- The management team understood the challenges, for example language barriers with a large percentage of the practice population. There were multilingual staff and interpreter services were available. In addition during the inspection the practice provided evidence of a request for further informational leaflets in other languages to support patients.
- The management team at all levels were visible and approachable. They explained that they worked closely with staff and others to make sure they prioritised team involvement

Vision and strategy

The practice had a vision for the future and values that they operated by; however there was little understanding of this in the wider staff team.

- The practice had a strategy and supporting business plans to achieve priorities including expanding the building premises. They discussed installing extra telephone lines and extending their involvement with the federation.
- Staff we spoke to were not aware of the vision, values and strategy and their role in achieving them. They reported that they were not always actively engaged or empowered with regards to the forward planning of the service.
- The practice's strategy was designed to meet the needs of the practice population.

Culture

The practice had a culture of wanting to deliver quality care, however the systems required strengthening.

- The practice was open and honest when responding to incidents and complaints. They were 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. Staff were aware of a whistleblowing policy and how to access it.
- There were informal processes for providing some staff with development opportunities. The practice supported staff with yearly appraisals and staff whose files we viewed had received appraisals in the last year. Clinical staff whose files we viewed were supported to meet the requirements of professional revalidation where necessary.
- Staff we spoke with said they felt their role was valued as part of the practice team. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- Staff's files that we viewed showed that they had received equality and diversity training and those we spoke to stated that they felt they were treated respectfully.

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management but these were ineffective at times.

- Processes and systems to support governance and management were in place, however we found examples where the approach was inconsistent. Practice leaders had not always ensured that policies, procedures and activities, which ensured safety were being operated as intended, for example, staff training, management of patient safety alerts and the actioning of issues identified through risk assessments.

Are services well-led?

- Staff we spoke to were clear on their roles and accountabilities including safeguarding and infection prevention and control.
- Incidents and complaints were recorded and documented however, there was no overall analysis taking place to mitigate further reoccurrence or providing opportunities for learning.

Managing risks, issues and performance

There were some processes for managing risks and issues but these were not always effective.

- The practice had processes to identify, understand, monitor and address current and future risks including risks to patient safety, however these were not effective, for example, the practice had not acted on their legionella action plan, did not have effective measures around their prescription management.
- The practice had a COSHH risk assessment in place, but we found this was not monitored effectively. For example the cupboard in the patient waiting area was unlocked and contained hazardous substances.
- A fire assessment had been completed, however the practice were unable to demonstrate that systems to ensure fire safety were adequate. We found that one fire door was locked in the patient waiting area and inaccessible to patients in an emergency; this was later unlocked by staff.
- Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders had some oversight of national and local safety alerts but the practice were unable to demonstrate that they ensured that all patient safety alerts were being fully acted on or that an effective failsafe system was in place.
- Clinical audits were completed, the audits we reviewed demonstrated a positive impact on the quality of care and outcomes for patients.
- The practice had a business continuity plan in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information but not always systematically or effectively.

- Quality and operational information was used to ensure and improve performance but not always proactively: for example, the uptake of cervical screening, breast and bowel screening and some indicators concerning childhood immunisation were lower than the local and national averages.
- The practice had raised awareness on the importance of bowel screening with the PPG and provided an action plan dated November 2017 to address low breast and bowel cancer screening results, however were unable to demonstrate that this had had a positive impact on uptake.
- The practice used information technology systems to monitor and improve the quality of care and submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems, but these were not always effective: for example, we saw a file containing patient identifiable information regarding vaccines in an area accessible to patients and the public.

Engagement with patients, the public, staff and external partners

The practice were not proactive and did not have an approach to obtaining the views of people who use the service and other stakeholders to support high-quality sustainable services: for example, the public, staff and external partners.

- The practice had an active patient participation group (PPG). They gave us an example of the practice acting in terms of car parking, to ensure that only patients registered with the practice could park.

Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance.
- The practice had not sought wider patient feedback and told us this was due to language barriers in both their wider south Asian population and their Romanian population.
- There were multilingual staff and interpreter services were available. In addition during the inspection the practice provided evidence of a request for further informational leaflets in other languages to support patients.

Continuous improvement and innovation

There was no evidence of systems and processes for innovation.

- The practice was unable to demonstrate evidence of innovation.
- The practice made use of internal and external reviews of incidents and complaints on an individual basis however opportunities for wider learning through analysis were missed.
- The practice had advised us that they were joining the local federation and had plans to expand the practice and were using electronic systems to ensure the smooth operation of practice facilities.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: Systems and processes failed to enable the registered person to assess, monitor and mitigate risks relating to the health, safety and welfare of service users: Risk assessment in relation to fire, legionella and COSHH were ineffective. Systems and processes that ensured the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity were ineffective. In particular: The inspection team found a file containing confidential and patient identifiable information regarding vaccinations in an area accessible by patients and external contractors. The system for monitoring staff training did not identify gaps in training mandatory to the practice. These were in breaches of regulation 17 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 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: The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The practice was unable to demonstrate how it ensured all patient safety alerts were received and actioned within the practice. These were in breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>