

Clifton Medical Centre

Inspection report

Clifton Lane
West Bromwich
West Midlands
B71 3AS
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

We carried out an announced comprehensive inspection at Clifton Medical Centre on 26 September 2018. The practice was a new location registered by the provider Dr Devanna Manivasagam on September 2017, and was inspected as part of our inspection programme.

At this inspection we found:

- There were some systems and processes in place to keep people safe such as the appropriate and safe use of medicines and safeguarding procedures. However, not all risks had been assessed and managed effectively.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines. However, improvements were required to promote the uptake of cervical screening.
- 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 lack of leadership oversight to ensure good governance. Systems and processes were not always fully embedded to ensure risks were assessed and managed effectively.

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

- 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:

- Have systems in place to confirm that the defibrillator is in good working order.
- Facilitate improvements in the uptake of breast and bowel cancer screening.
- Consider how to further increase uptake for cervical screening to ensure the minimum coverage target for the national screening programme is met.
- Continue to identify the number of carers registered at the practice so they can be offered further help and support.
- Take appropriate action to protect patient confidentiality during all consultations.

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

Population group ratings

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

Our inspection team

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

Background to Clifton Medical Centre

Background to Clifton Medical Centre

Clifton Medical Centre is located in an area of the Black Country. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management such as diabetes and end of life care. The practice also provides some directed enhanced services such as minor surgery (including joint injections, the removal of skin tags, excisions of moles, cautery or cryocautery of warts, verrucae or other skin lesions) childhood vaccination and immunisation schemes. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The practice has an approximate list size of 5750 patients. The practice provides GP services commissioned by NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

We reviewed the most recent data available to us from Public Health England which showed that the practice is

located in an area of high deprivation compared to other practices nationally. The age distribution of the practice population broadly follows that of the local and national average.

Clifton Medical Centre is the main site of the practice and is based at Clifton Lane, West Bromwich West Midlands, B71 3AS. The practice also has a branch site named Victoria Health Centre and is based at 5 Suffrage Street, Smethwick, West Midlands, B66 3PZ. As part of this inspection we also visited the branch practice.

The provider is an individual GP and employs two salaried GPs (one male, one female) and two long term locum GPs. They are supported by two practice nurses and a team of administrative and clerical staff. Management support is currently provided by an interim manager from another practice belonging to the provider.

The opening times for Clifton Medical Centre and Victoria Health Centre are 8.30am to 6.30pm Monday to Fridays with appointments available during these times. Extended hours opening is 6.30pm to 8pm Mondays to Fridays, 9am to 12pm Saturdays and 9am to 11.30am Sundays as part of the local GP federation extended hours opening initiative.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by an external out-of-hours service provider when closed.

Are services safe?

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

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

The provider did not demonstrate that all risks had been assessed and managed appropriately, such as fire, health and safety and risk assessments for staff in the absence of an appropriate DBS check.

Safety systems and processes

The practice had some systems to keep people safe. However, there was insufficient evidence and a lack of assurance from the provider to demonstrate that all risks had been effectively monitored and managed.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- We saw some evidence that staff who acted as chaperones were trained for their role. However, it was difficult to confirm if all of the staff had training as there was no overall recording system in place. Following the inspection, we were provided details of chaperone training completed by all of the staff, some of whom had completed the training following the inspection.
- There was a lack of evidence to confirm that all staff had received a DBS check where appropriate or that risks in relation to DBS checks had been considered. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse.
- The staff files that we reviewed showed that the practice had generally completed checks at the time of recruitment and on an ongoing basis. However, we saw that a risk assessment had not been completed to demonstrate the appropriateness of DBS checks for member of staff not employed by the practice.
- There were systems in place to manage infection prevention and control. However, there was no current infection prevention and control audit for Victoria Health Centre (branch practice).

- There were arrangements to ensure that equipment was safe and in good working order. However, there were no records to confirm that the defibrillator at Victoria Health Centre was being checked regularly.
- The provider was unable to give assurance of fire, health and safety checks and risk assessments for both Clifton Medical Centre and Victoria Health Centre.
- Arrangements for managing waste and clinical specimens kept people safe. However, the infection prevention and control policy did not include areas relating to the management of clinical waste.

Risks to patients

There were adequate systems in place to assess, monitor and manage risks relating to emergencies that may impact on 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 effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- 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.

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

Appropriate and safe use of medicines

Are services safe?

The practice had reliable 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 taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.
- Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had systems in place to identify and monitor risks to patient safety. However, there was insufficient evidence and a lack of assurance from the provider to demonstrate that all risks had been effectively monitored and managed.

- There were risk assessments in relation to safety issues although there were gaps in the system to ensure these were comprehensive.

- The practice monitored and reviewed activity. However, these were not fully effective to help understand risks and provide a clear, accurate picture of safety to ensure safety improvements were implemented and sustained.

Lessons learned and improvements made

There was evidence that the practice learned and made improvements when things went wrong. However, there was insufficient evidence to demonstrate that risks had been effectively managed and a lack of assurance from the provider.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. However, there were gaps in the system to ensure these were comprehensively recorded.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as good for providing effective services overall and across all population groups except for the population group working age people (including those recently retired and students) which we rated requires improvement.

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

- Systems and processes were in place to ensure patients care and treatment needs were effectively managed in line with evidence based practice. There was a programme of quality improvement.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated good for effective services because:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs
- The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

People with long-term conditions:

This population group was rated good for effective because:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice's performance on quality indicators for long term conditions was mostly comparable with local and national averages.

Families, children and young people:

This population group was rated good for effective because:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments in secondary care or for immunisation.

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

This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening was 65%, which was below the 80% coverage target for the national screening programme. The practice followed up women who did not attend. However, we did not see evidence of plans to improve uptake.
- The practice's uptake for breast and bowel cancer screening was below the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated good for effective because:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Are services effective?

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated good for effective because:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was comparable with the local and national averages.

Monitoring care and treatment

- Quality and Outcomes Framework (QOF) data showed that patient outcomes were mostly comparable with local and national averages.
- The practice used information about care and treatment to make improvements.
- The practice was involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills and knowledge to carry out their roles.

- 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.
- There was some evidence of staff training, appraisals and revalidation in the staff files that we looked at. However, it was difficult to determine if all staff were up to date with training and had received an appraisal as there was no overall monitoring system in place.

Coordinating care and treatment

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

- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors.
- 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 supported 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 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.

Are services effective?

Please refer to the evidence tables for further information

Are services caring?

We rated the practice as good for caring.

The practice was rated as good for caring because:

- The practice was rated as good for caring because the overall feedback from patients showed that staff were kind, caring and helpful and patients were treated with dignity and respect.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was overall positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The results of the national GP survey 2018 showed that patients responded positively to the question relating to care and concern.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand, for example, communication aids.

- Staff helped patients and their carers find further information and access community services.
- The practice provided advice and support for carers. However, the practice had identified less than 1% of the practice population as carers.
- The results of the national GP survey 2018 showed that patients responded positively to questions relating to being involved in decisions about their care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- The provider was considering ways to reduce the likelihood of conversations in consulting rooms being heard as it was within proximity of the patient waiting area.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

The practice was rated good for responsive because:

- Patients were able to access the service in a timely manner. The majority of patients were happy with the appointment system although some patients reported they were unable to access appointments in a timely manner. However, the provider was unable to demonstrate an effective complaints process.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP 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.
- 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:

This population group was rated good for responsive because:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- 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.

People with long-term conditions:

This population group was rated good for responsive because:

- 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 meetings with the multi-disciplinary team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated good for responsive because:

- 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):

This population group was rated good for responsive because:

- 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 and weekend appointments.

People whose circumstances make them vulnerable:

This population group was rated good for responsive because:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers 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):

Are services responsive to people's needs?

This population group was rated good for responsive because:

- Staff interviewed had an understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients with mental health needs were offered health reviews to assess their overall health.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients overall reported that the appointment system was easy to use. However, some patients commented that access to appointments could be difficult at times. We saw that advance appointments were usually released a month at a time which meant by the end of the month there was limited appointments available.

- The results of the national GP survey 2018, showed that getting through to the practice by phone was above local and national averages, satisfaction with appointments times and patients experience of making an appointment was mostly comparable with local and national averages.

Listening and learning from concerns and complaints

The practice did take complaints and concerns seriously. However, it was difficult to establish how complaints had improved the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- There had been three complaints in the last 12 months, there was a lack of evidence to demonstrate how the practice learned lessons from individual concerns and complaints and from analysis of trends.

Please refer to the evidence tables for further information.

Are services well-led?

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

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

- There was a lack of effective leadership oversight to ensure good governance at practice and provider level. The provider was unable to demonstrate that some systems and processes were embedded to ensure risks were assessed and managed.

Leadership capacity and capability

At the time of the inspection the practice had interim management arrangements in place. However, the provider did not demonstrate that there was sufficient leadership capacity to ensure systems and processes were in place to deliver a high quality service consistently.

- Leaders were aware about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were accessible however, there was a lack of leadership oversight and systems and processes were not consistent and fully embedded to ensure good governance.

Vision and strategy

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

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care 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

A culture of open and honesty was encouraged with the aim to deliver 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.
- 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.
- There were processes for providing all staff with the development they needed. This included appraisal and support to meet the requirements of professional revalidation where necessary. However, it was difficult to determine if all staff were up to date with training and had an appraisal as there was no overall monitoring system in place.
- Staff described positive relationships between staff and teams.

Governance arrangements

The systems of accountability to support good governance and management lacked effective oversight.

- In the absence of the practice manager who had left their post unexpectedly, the provider was unable to access important documents in areas such as fire and health and safety, we were unable to see risk assessments and audits relating to DBS checks and infection prevention and control. We were unable to see detail information relating to significant events and complaints. This did not demonstrate that appropriate governance arrangements were in place. As a result of the lack of governance oversight the provider was unable to provide assurances that risks had been effectively monitored and managed.
- Structures, processes and systems to support good governance and management were not always clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, there was lack of effective monitoring systems to ensure effectiveness of systems and processes.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, policies and procedures were not always embedded resulting in inconsistencies for example, recruitment checks and risk assessments.

Managing risks, issues and performance

There were processes for managing risks, issues and performance, however, some were not clear or effective.

Are services well-led?

- There were systems and processes in place to identify, understand, monitor and address current and future risks including risks to patient safety. For example, patient safety alerts. However, there were gaps and inconsistencies such as infection prevention and control, health and safety and complaints.
- The provider did not always have oversight of potential risks such as risk assessments, significant events and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place 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. Performance information was combined with the views of patients.
- The practice 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.

Engagement with patients, the public, staff and external partners

There was insufficient engagement with patients, the public, staff and external partners to support high-quality sustainable services.

- The practice had not completed an internal survey and it was difficult to establish how feedback had improved outcomes for patients and impacted positively on patients experience of the service.
- Patients views and concerns were encouraged and heard. However, it was difficult to establish how learning from complaints were shared and if any improvements had been made to the service.
- There was a patient participation group however, there was a lack of evidence to demonstrate engagement and collaborative working.

Continuous improvement and innovation

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

- Learning and improvement was encouraged through staff appraisals and meetings. However, the lack of a formal monitoring system for staff training and appraisal which did not ensure training needs could be easily identified and acted on.
- The practice made use of internal and external reviews of incidents and patient safety alerts. Learning was shared and used to make improvements. However, we were unable to review significant events in more details as records were not accessible and the provider did not have oversight of systems and processes.
- Clinical audits provided opportunity to learn and improve.
- There was a lack of evidence to demonstrate innovative practice.

Please refer to the evidence tables for further information

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met. There were a lack of effective systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">•There was a lack of leadership oversight. Structures, processes and systems to support good governance were not fully effective.•There were no risk assessments for staff members in the absence of an appropriate DBS check.•There was no evidence of fire safety checks and fire risk assessments for both practices.•There was no evidence of health and safety checks and risk assessment that covered all areas of both practices.•There was no infection prevention and control audit for Victoria Health Centre. <p>There was a lack of systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">•There was a lack of evidence to demonstrate improvements made as a result of complaints.•There was no effective system in place to obtain patient feedback in order to improve the service.