

Dr Hafeez and Partner

Inspection report

Sutton Medical Practice
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Date of inspection visit: 2 October 2018
Date of publication: 06/12/2018

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

Ratings

Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Inadequate



Overall summary

This practice is rated as inadequate overall. (Previous rating August 2017 – *Good overall, requires improvement for Caring*)

The key questions are rated as:

Are services safe? – *Inadequate*

Are services effective? – *Requires improvement*

Are services caring? – *Requires improvement*

Are services responsive? – *Good*

Are services well-led? – *Inadequate*

We carried out an announced comprehensive inspection at Dr Hafeez and Partner on 2 October 2018. The practice was inspected on 20 January 2015 and was placed in special measures in respect of breaches of the Health and Social Care Act Regulations 2014. We found that improvements had been made when we inspected again on 12 October 2015, so the practice was rated as requires improvement. The key questions that still needed improvement were effective and caring. CQC inspected the practice on 13 June 2017 and found effective had improved, but services had not improved for the caring key question. Although the practice was rated good overall, the caring key question remained requires improvement.

This inspection was arranged to check that the practice improved in the areas identified at the last inspection and sustained the improvements previously made.

At this inspection we found:

- Recruitment systems, designed to ensure that only staff appropriate for their roles were employed, were not operating effectively to mitigate the risks.
- The practice did not have effective systems to ensure that high risk medicines were always safely prescribed.
- The practice was not taking the action required in response to patient safety alerts.
- Significant events were not being identified, analysed and recorded to ensure that lessons were learnt.
- There were some areas of the practice's clinical performance that were below average or below target and there were no substantive plans to ensure improvement.
- The practice had failed to take effective action on negative patient feedback.

- The practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment (although the difference was not statistically significant).
- Practice leaders had not established sufficient policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Some of the issues we identified at this inspection had been raised with the practice previously, but had not been effectively addressed.

We also found that although some concerns highlighted on our last inspection had been addressed there were some areas where sufficient improvement had not been made:

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:

- Take action to assess and improve the guidance for non-clinical staff on identifying deteriorating or acutely unwell patients and whether the practice needs a paediatric oximeter.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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.

Special measures will give people who use the service the reassurance that the care they get should improve.

Overall summary

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

Population group ratings

Older people	Good	
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	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.

Background to Dr Hafeez and Partner

Sutton Medical Practice is a medium sized practice based in Sutton. The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures and family planning services; and maternity and midwifery services at one location. The practice has a Personal Medical Services (PMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning, sexual health services and minor surgery.

The practice has two full time principal GPs (who work four sessions per week), one GP working four sessions per week and two regular locum GPs. There is a good mix of female and male staff. The practice has two practice nurses working 30 – 34 hours per week combined, one reception staff member who works 6 hours per week as a healthcare assistant, a practice manager, an assistant practice manager and six other non-clinical staff.

The practice is open between 8am and 8pm Monday to Friday, apart from Wednesday when the practice closes at

6.30pm. GP appointments are from 9am to 12pm every morning and 4pm, 4.30am or 5pm to 6.30pm on Monday and Wednesday and 8pm on Tuesday, Thursday and Friday. When the practice is closed, the telephone answering service directs patients to contact the out of hours provider.

The practice has approximately 4400 patients. The ethnicity of most patients is white British. There are approximately 11% of Asian patients, 5% black patients, 4% mixed race patients and 1% other white patients. Compared to other practices in England, the practice has slightly more patients aged under 18, and a slightly smaller proportion of patients aged over 65. Life expectancy of patients is slightly below local and national averages. Most patients are in the age category aged 15 – 64. The practice population is on the 8th decile for deprivation (with 10 being the least deprived), and lower than average on measures of income deprivation affecting older people and children. Compared to other practices in England, more patients are unemployed.

Are services safe?

We rated the practice as inadequate for providing safe services.

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

- *Recruitment systems, designed to ensure that only staff appropriate for their roles were employed, were not operating effectively to mitigate the risks. We raised concerns about recruitment systems at previous inspections.*
- *The practice did not have effective systems to ensure that high risk medicines were always safely prescribed. There was no effective written policy for the review of uncollected prescriptions to ensure that vulnerable patients received their medicines.*
- *The practice was not taking the action required in response to patient safety alerts. We raised concerns previously about the practice's systems for responding to patient safety alerts.*
- *Significant events were not being identified, analysed and recorded to ensure that lessons were learnt. We raised concerns previously about how the practice managed significant events.*

At our previous inspection on 20 January 2015, we rated the practice as inadequate for providing safe services as there were inadequate systems in place to monitor and manage risks (including infection control), to manage alerts about patient safety or medical emergencies.

Arrangements to ensure children and vulnerable adults were kept safe from abuse were insufficient, and there was limited learning from safety incidents.

These arrangements had significantly improved when we undertook a follow up inspection on 12 October 2015. The practice was rated as good for providing safe services.

At the inspection on 13 June 2017 we found that although safety was generally good there still were some areas where safety policies and procedures had not been followed. We found that monitoring and record keeping should be strengthened to ensure that safety was maintained.

At this inspection we found that there were ongoing issues with safety policies and procedures, and we found greater evidence that this was having a negative impact on the safety of patients.

Safety systems and processes

The practice systems to keep people safe and safeguarded from abuse were not consistently and effectively implemented.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had not carried out a sufficient risk assessment on information received on a DBS check.
- The practice recruitment policy said that a disclosure and barring service (DBS) check and two references would be undertaken for all staff. However, this policy had not been effectively implemented. There were no ongoing checks of the registration of clinical staff.
- There was a system to manage infection prevention and control, but this did not mitigate all of the risks.
- The practice had 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 systems to assess, monitor and manage risks to patient safety, although these were not consistently implemented.

- 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 temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. At the time of the inspection the

Are services safe?

system to ensure that medical equipment was ready to use in case of emergency did not include all of the equipment in place (although this was rectified during the inspection). There was no paediatric oximeter.

- Staff understood their responsibilities to manage emergencies on the premises. Reception staff were able to tell us some of the signs and symptoms that patients could describe that would indicate the need for urgent medical attention, but written guidance was not comprehensive. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

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

- In general, the care records we saw showed that information needed to deliver safe care and treatment was available to staff, although not all patient monitoring results were being recorded. 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

The practice did not have consistent and reliable systems for appropriate and safe handling of all medicines. There was a lack of effective processes to manage high risk medicines safely.

- Systems for managing and storing medicines, including vaccines, emergency medicines and equipment did not minimise all risks. There was no system in place to manage oxygen; one was established during the inspection.
- Most medicines were prescribed, administered or supplied to patients in line with current national guidance. However, there were not effective systems to ensure appropriate monitoring of high risk medicines to ensure that patients were kept safe.

- We previously expressed concerns that the practice did not have a system to distribute and act upon patient safety alerts. At this inspection we found that the practice was distributing alerts but not taking the action required by alerts to keep patients safe.
- Practice staff were aware that prescriptions awaiting collection should be reviewed periodically, but there was no effective written policy in place to ensure that vulnerable patients received their required medicines.
- The practice had reviewed its antibiotic prescribing and was taking action to support good antimicrobial stewardship in line with local and national guidance.

Track record on safety

The practice did not have a consistently good track record on safety. We identified issues on previous inspections. Some of these had been effectively addressed but others had not.

- There were risk assessments in relation to safety issues, however some of the systems to manage risk (e.g. for risks associated with recruitment and medicines) were not effective, as they did not mitigate the risks that were present.

Lessons learned and improvements made

The system to ensure that the practice learnt and made improvements when things went wrong was not effective.

- Staff understood their duty to raise concerns and report incidents and near misses.
- There was a policy that specified how significant events would be analysed and recorded, but this was not being followed.
- Most significant events were not recorded as specified in the practice policy, but brief details were on the practice log. We identified some significant events that were not recorded on the practice log.

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 the population groups people with long term conditions and families, children and young people, and working age people. We rated the population groups older people, people whose circumstances make them vulnerable and people experiencing poor mental health as good.

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

- Data related to people with long term conditions, families, children and young people and working age people showed the practice performance was below average/ national targets, with no substantive plans to improve.
- Where improvement had been made previously, it had not been sustained and although staff had hypotheses as to why, these had not been tested or improvement made since the deterioration was noted.

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 as good for effective 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.

- 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:

This population group was rated requires improvement for effective because:

- The practice had failed to ensure that patients with diabetes received consistently good care. The practice had improved outcomes in 2016/17, but performance had deteriorated in 2017/18, and there was no substantive plan in place for improvement. The practice had hypotheses as to why the outcomes for patients with diabetes had deteriorated again but these had not been tested.
- Patients with long-term conditions were offered 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension). However this did not always lead to appropriate care. When we inspected in June 2017, staff told us that they believed that an increase in patients diagnosed with diabetes was responsible for a failure to improve practice performance when audited in March 2017. Evidence that the practice showed us for the Quality and Outcomes Framework year ending in 2018 showed that the practice was still performing below average.

Families, children and young people:

Are services effective?

This population group was rated requires improvement for effective because of poor immunisation rates:

- Childhood immunisation uptake rates were below the target percentage of 90% or above in 2016/17. We looked at the data for 2017/18 on the practice information system. Practice staff were unaware that uptake for three of the four immunisations had dropped further in 2017/18.
- 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):

This population group was rated requires improvement for effective because of cancer referral and screening rates:

- Fewer patients than at other practices were diagnosed with cancer as a result of an urgent referral (although the difference was not statistically significant). The practice had audited in August 2017 and found that there were two patients who should have been referred for urgent tests (the two week wait referral system) that were not. The practice had taken a number of actions, including further guidance for clinical staff. The audit had not been repeated.
- The practice's uptake for cervical screening was 66% in 2016/17, which was below the 80% coverage target for the national screening programme, as calculated by Public Health England.
- The practice's uptake for breast and bowel cancer screening was below the national average.
- The practice told us that they had taken actions to try to improve uptake of all cancer screening, but there was no evidence that it had improved uptake to be in line with the target (based on evidence submitted for the 2017/18 QOF).
- 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 as 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were 20 patients with a learning disability on the practice register. All 20 had received an annual review of their health in 2017/18.
- 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 as good for effective because:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice made arrangements to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

- The practice had a programme of quality improvement activity, but limited evidence that this was improving care and treatment.
- Although performance was good for most indicators there were some indicators where the practice had continued to perform below average/below national targets or had made improvements but had failed to sustain them.
- Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. There were some indicators where the practice exception rate was above

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average. The practice had some hypotheses for why these were higher than average and had taken some actions, but there was no evidence that this had led to improvements.

- The practice used information about care and treatment to make improvements.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. There were appraisals and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and 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 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 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 encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance, but this was not always formally recorded.

- 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.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

- *The practice had failed to take effective action on previous negative feedback about GP consultations.*

Kindness, respect and compassion

- Most feedback from patients was positive about the way staff treated people.
- Staff took steps to understand patients' personal, cultural, social and religious needs.
- We noted in previous inspection reports below average patient satisfaction in the national GP patient survey in 2015 and 2016 for how well GPs treat them with care and concern. The practice had not reviewed the 2017 results, and had not undertaken any other alternative monitoring. The 2017 survey did not show improvement. These indicators were not in the 2018 survey and therefore cannot be used for comparison purposes.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. Staff were not 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) but had taken some steps to provide information in ways best suited to individual patients.

- 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.
- We noted in previous inspection reports slightly below average patient satisfaction in the national GP patient survey in 2015 and 2016 for how well GPs explained tests and treatment and involved patients in their care. The practice had not reviewed the 2017 results, and had not undertaken any other monitoring. The 2017 survey did not show improvement. These indicators were not in the 2018 survey.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

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 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 automatic entrance door had recently broken, but staff told us that they were supporting patients who found opening the door difficult.
- 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 as good for effective 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 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.
- The practice had begun to do doing twice yearly care home visits to a local care home where they had patients, with a pharmacist and a care co-ordinator.

People with long-term conditions:

This population group was rated as good for effective because:

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

Families, children and young people:

This population group was rated as good for effective 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.
- Staff told us that all parents or guardians calling with concerns about a child were offered a same day appointment, although there was no written guidance for staff as to what ages should be prioritised.

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

This population group was rated as good for effective 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.

People whose circumstances make them vulnerable:

This population group was rated as good for effective 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 as good for effective because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Staff had begun to do twice yearly care home visits to a local care home where they had patients, with a pharmacist and a care co-ordinator.

Timely access to care and treatment

Patients were generally 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.
- Patients with the most urgent needs had their care and treatment prioritised.

- The practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment (although the difference was not statistically significant).
- The practice had not acted effectively on a longstanding theme from survey data and complaints about waiting times after appointments because of GP consultations running late.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns, but did not always act effectively where there was a theme in complaints (including informal complaints).

Please refer to the evidence tables for further information.

Are services well-led?

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

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

- Practice leaders had not established sufficient policies, procedures and activities to sustain good quality care.
- Some systems that had been established to manage risk were not working effectively as they did not ensure appropriate action was taken when necessary to mitigate risks identified.
- Some of the issues we identified at this inspection had been raised with the practice previously, but had not been effectively addressed.
- The leadership structure did not consistently ensure patient safety. Structures and systems to support an overarching governance framework were not clearly set out or effective.
- Practice leaders had failed to take effective action on patient feedback.
- Practice leaders had failed to take effective action on areas of clinical performance that were below average/ below national targets. There had been some previous improvement that the practice had failed to sustain.

Leadership capacity and capability

- Leaders were knowledgeable about wider issues and priorities relating to the quality and future of services, and performed relatively well against targets set by the Clinical Commissioning Group. However, they had failed to adequately monitor and address some areas of practice performance. For example, in regards to outcomes for patients with diabetes.
- Staff told us that leaders were visible and approachable and worked well with staff at all levels.

Vision and strategy

- The practice had a documented vision and staff understood the practice values.
- 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 had considered the needs of the practice population and adapted what it provided.

Culture

- Staff told us that they felt respected, supported and valued.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff we spoke with told us they were able to raise concerns, although the practice was not following the documented process to ensure that concerns were effectively analysed, learnt from and documented.
- There were processes for providing all staff with the development they need. This included appraisal. All staff received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- Staff told us that there were positive relationships between staff and teams.

Governance arrangements

- Structures, processes and systems to support good governance and management were not all clearly set out, understood and effective.
- Governance systems and processes relating to the management of recruitment did not always keep patients safe.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had not established sufficient policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

- Processes to identify, understand, monitor and address risks including risks to patient safety were not working to identify and effectively manage all risks. Oversight of prescribing had not identified that patients had been prescribed high risk medicines without the required monitoring and that for one medicine monitoring results were routinely not recorded on the patient's record.
- The practice had processes to manage current and future performance, but they did not ensure that improvements to all areas of performance were made and sustained. Practice leaders had not ensured consistent systems to ensure appropriate action on and oversight of safety alerts and incidents.

Are services well-led?

- The practice had taken action to try to improve some areas of performance (for example, by running education sessions in local mosques) but there was no evidence that this had improved outcomes at the time of the inspection.
- There was limited evidence that clinical audit had improved the quality of care and outcomes for patients. One audit (Q Risk 2 scores for patients newly diagnosed with hypertension) showed improvement but 35% of patients still had not had the care recommended by guidance. Other audits had either not yet been completed with a second cycle or had not shown improvement in the last cycle. An audit of outcomes for patients with diabetes repeated in 2017 had not shown improvement and had not been repeated.
- The practice did not have plans in place for major incidents (including incidents that are non-medical in nature, in line with guidance).

Appropriate and accurate information

- Although there were areas where performance had improved, there were other areas where improvement had not been made or where previous improvement had reversed. The practice had not acted effectively on the views of patients.
- Clinical meetings did not appear to be working effectively for the management of patient safety alerts, since according to the minutes the alert on prescribing of valproate had been discussed without reference to action specified in the alert. No search had been undertaken to carry out the action required for any patients identified. Practice meeting minutes we reviewed did not have sufficient detail to act as a reference for follow up, or for those who could not attend. There were no actions with details of the person responsible and the deadline.
- The practice had not accessed the information needed to monitor patient satisfaction with GP consultations.

- The practice submitted data or notifications to external organisations as required.
- There were arrangements 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 had some mechanisms to hear patients' views but these were not being operated effectively. There was evidence that the practice had taken action in response to individual complaints, but not of action to improve wider issues raised by patients (with GP consultations and delays to appointments). The patient participation group was newly reformed.
- Staff told us that they felt supported and listened to.

Continuous improvement and innovation

- When we inspected in 2015 we found that there was a lack of systems in place that enabled learning and improvement of performance. When we inspected in 2017 we found that the practice was aware of areas for improvement, had taken some innovative action (for example in diabetes care) and was monitoring to ensure that improvement occurred. At this inspection we found that there were areas of below average/below target performance that the practice had not taken action on, that the improvement in diabetes care had reversed and that monitoring was not being used effectively to ensure and sustain improvement.
- The practice was not using incidents as an effective improvement tool. The practice policy was not being followed to ensure that thorough analysis took place and was recorded, and not all incidents were recorded in the practice oversight system.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
We served a warning notice requiring the provider to take action to comply with the regulation.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
We served a warning notice requiring the provider to take action to comply with the regulation.