Dr Dauod Yosuf Abdulrahman Shantir

Inspection report

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Date of inspection visit: 14 November 2018
Date of publication: 24/01/2019

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?	Inadequate
Are services well-led?	Inadequate

Overall summary

This practice is rated as inadequate overall. (Previous rating 10 2017 – Requires Improvement)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Inadequate

Are services responsive? – Inadequate

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Dr Daoud Yosuf Abdulrahman Shantir on 10 October 2017, to follow up on breaches of regulations identified in medicines management, clinical governance and patient satisfaction, identified in a comprehensive inspection in December 2016.

This inspection in November 2018 was an announced comprehensive inspection to confirm that the breaches in clinical governance and documentation and patient satisfaction, identified in the inspection carried out in October 2017 had been rectified.

At this inspection we found:

- Safeguarding systems were not clear and did not keep patients safe and safeguarded from abuse.
- The practice did not have systems to monitor or manage the outcomes and ongoing actions associated with risk assessments such as fire and infection prevention and control.
- Insufficient improvement had been made in relation to patient satisfaction with access to the practice.
- Policies and procedures were not effectively maintained, managed or stored.
- The vaccine refrigerator temperature was not effectively monitored.
- Inadequate smear rates were not monitored or managed.
- There was no evidence that calibration of clinical equipment had taken place.
- The practice did not effectively maintain personnel records for some clinical members of staff, including training records, professional indemnity and professional registration status.
- There was an effective system to monitor uncollected prescriptions.
- The practice monitored patient safety alerts and made effective use of clinical guidelines when making decisions.
- There was an open transparent approach to reporting and recording significant events.
- Information about services and how to complain was readily available. Improvements were made to the quality of care as a result of complaints and concerns.

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:

- Continue to review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.
- Consider ways to improve confidentiality in the reception area.

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.

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

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

Population group ratings

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

Our inspection team

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

Background to Dr Dauod Yosuf Abdulrahman Shantir

Dr Daoud Yosuf Abdulrahman Shantir is located in a residential area in East London within a purpose-built health centre, with one other GP practice and community services.

There are approximately 5200 patients registered with the practice. The practice has fewer patients aged over 65 years (6%) compared to the CCG average of 10% and the national average of 17%. Seventy Eight percent of patients are in paid work or full time education, which is higher than the CCG average of 68% and the national average of 62%, information published from Public Health England rates the level of deprivation within the practice population as three on a scale of one to ten. Level one represents the higher levels of deprivation and level ten the lowest.

The practice has a lead GP (male) and four regular locums, who complete a total of 22 sessions per week, there are two practice nurses who complete a combined total of 19 hours per week and a health care assistant and pharmacist. The practice also has a practice manager who is supported by a number of reception and administration staff members.

The practice is open from the following times:

- Monday 8am to 7:30pm
- Tuesday 8am to 7:30pm
- Wednesday 8am to 7pm
- Thursday 8am to 6:30pm
- Friday 8am to 7pm

Morning clinical sessions begin between 9:30am and 10am and end at 12:50pm. Afternoon clinical sessions begin between 2pm and 4pm and end at 6:30pm except for on a Wednesday where appointments end at 7pm.

Telephones lines are answered from 8am, the locally agreed out of hours service handles the practices incoming calls when they are not open. The practice is a part of the local HUB service, which provides their patients with GP and nurse appointments on weekday evenings and weekends when the practice is closed.

The practice has a General Medical Services (GMS) contract, this is a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract.

The practice is registered with the Care Quality Commission to carry on the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and family planning. All services are carried out in one location.

Inadequate

Are services safe?

At our previous inspection on 10 October 2017, we rated the practice as good for providing safe services.

When we undertook an inspection on 14 November 2018, new issues were identified issues in relation to safeguarding, infection prevention and control, safety systems and risk assessments. The practice is now rated as inadequate for providing safe services.

Safety systems and processes

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

- The practice did not have appropriate systems to safeguard children and vulnerable adults from abuse. There were different variations of safeguarding policies saved in two separate folders on the shared drive, some of which did not contain the name of the lead member of staff, had blank spaces where the practice had not inserted the necessary information and did not contain external contact details. There was no consistency between staff in what policy was accessed.
- Clinical and non-clinical staff had received safeguarding training appropriate to their role, however the practice did not have oversight of some clinical staff members training and had to request evidence of training during the inspection.
- 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 carried out appropriate staff checks at the time of recruitment but not on an ongoing basis.
- The system to manage infection prevention and control (IPC) was not effective. IPC was managed externally but the practice had no oversight of whether any of the actions identified within the audits had been completed.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an induction system for 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. Non-clinical staff members were aware of red flag symptoms.
- When there were changes to services or staff we were told the practice would assess and monitor 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

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing vaccines was not effective. We found several dates where the vaccine refrigerator temperature was not monitored.
- 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.

Inadequate

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice did not have a track record on safety.

- There were some risk assessments in relation to safety issues.
- The practice could not demonstrate that they monitored and reviewed activity to understand risks and give a clear, accurate and current picture of safety to lead to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice.
- 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.

Requires improvement

Are services effective?

At our previous inspection on 10 October 2017, we rated the practice as good for providing effective services.

When we undertook an inspection on 14 November 2018 we identified issues with exception reporting and the management of cytology. The practice and all the population groups are now rated as requires improvement for providing effective services.

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.
- The practice used a tool to identify frail vulnerable patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or 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 medicines and a referral to community services if required.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect an extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. Depression had a really high exception reporting rate and the practice was not aware of this.

Families, children and young people:

- 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 following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 58%, which was below the 80% coverage target for the national screening programme. However, the practice showed us evidence that they had achieved 79%. The practice did not monitor or manage inadequate cytology rates for nurses.
- The practice's uptake for breast and bowel cancer screening was in line with 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.

Requires improvement

Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. However, the system to highlight vulnerable people on the clinical record system was not effective.
- 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, severe mental illness, and personality disorder 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 had arrangements in place 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.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

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

- The practice had an overall exception reporting rate of 8%, which was comparable to the local and national average of 6%. However, the practice had a 46% exception reporting for depression, which as significantly higher than the local average of 24% and the national average of 23%. The practice was unable to explain this variance.
- 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 mostly 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. However, staff members at the practice could not demonstrate that they understood how to effectively manage or monitor inadequate rates.
- The practice understood the learning needs of staff and provided protected time and training to meet them. However, up to date records of skills, qualifications and training were not effectively maintained for some clinical staff members.
- The practice provided staff with ongoing support. There was an induction programme for new staff.
- The practice was unable to demonstrate that they had a clear approach for supporting and managing staff when their performance was poor or variable. There were no policies or protocols to support this.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 were consistent and proactive in helping patients to live healthier lives.

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

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice did not have a system to monitor the process for seeking consent appropriately, but all staff we spoke with were knowledgeable about the consent seeking process.

Please refer to the evidence tables for further information.

Requires improvement

Are services caring?

At our previous inspection on 10 October 2017, we rated the practice as good for providing caring services.

We undertook a follow up inspection on 14 November 2018 and found that there had been minimal improvement in patient satisfaction. The practice is now rated as requires improvement for providing caring services.

The practice was rated as requires improvement for caring because:

- *Survey scores continued to be low and little action had been taken to improve patient satisfaction in relation to kindness, respect and compassion.*

Kindness, respect and compassion

Staff did not always treat patients with kindness, respect and compassion.

- Feedback from patients we spoke with was positive about the way staff treat people. However, the practices GP patient survey results were below local and national averages for questions relating to kindness, respect and compassion. For example:
- 54% of patients responded positively to their overall experience of the practice, compared to the CCG average of 78% and the national average of 84%. This was an increase of 4% on the previous year.
- 63% of patients stated the last time they had an appointment, the healthcare professional was good at treating them with care and concern, compared to the CCG average of 80% and the national average of 87%. This was a reduction of between 5% to 15% on the previous year.
- 70% of patients stated the last time they had an appointment, the healthcare professional was very good at listening to them, compared to the CCG average of 83% and the national average of 89%.
- The practice was aware of their low GP patient scores and had completed their own patient survey, but the questions asked were not comparable to the national GP patient survey, and there was no action plan to improve this.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. However, the number of carers the practice identified was below 1%.
- The practice proactively identified carers and supported them.
- The practices GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice systems to respect patients' privacy and dignity were not effective.

- When patients wanted to discuss sensitive issues, or appeared distressed we were told reception staff offered them a private room to discuss their needs. We observed that the reception front desk did not promote privacy as conversations could be over heard by staff working for other services.
- Staff told us they recognised the importance of people's dignity and respect.

Please refer to the evidence tables for further information.

Inadequate

Are services responsive to people's needs?

At our previous inspection on 10 October 2018, we rated the practice, and all of the population groups, as requires improvement for providing responsive services as arrangements in relation to access to care and treatment including getting through to the practice by telephone needed improvement.

There was no improvement when we undertook a follow up inspection on 14 November 2018 and in some areas the practice had deteriorated. The practice and all the population groups are now rated as inadequate for providing responsive services.

The practice was rated as inadequate for responsive because:

- *Survey scores continued to be low and little action taken to improve patient satisfaction to access to services including getting through to the practice by telephone.*

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 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.

The provider was rated as inadequate for being responsive, the issues identified as being inadequate overall affect patients in all population groups.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

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

Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the system to ensure services could be booked online.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. However, the practice did not make effective use of the alerting system on the clinical system to highlight these patients.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Inadequate

Are services responsive to people's needs?

- The practice discussed these patients at multi-disciplinary meetings. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Insufficient improvements had been made to enable patients to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment. Patients we spoke with said it was not always easy to get a routine appointment, this was supported by comments left on NHS choices, where patients complained about not being able to get an appointment.
- The practices GP patient survey results were sometimes below local and national averages for questions relating to access to care and treatment. For example:
- 23% of patients responded positively to being able to get through to the practice by phone, compared to the CCG average 61% and the national average of 70%. This was a 15% reduction on the previous year.
- 46% of patients responded positively about the overall experience of making an appointment, compared to the CCG average of 64% and the national average of 69%. This was 13% below last years' similar question regarding being able to make an appointment.
- The practice was aware of the difficulties that patients experienced in getting through to the practice by telephone, however, insufficient action had been taken to improve this. We were told that financial constraints prevented a new telephone system from being installed.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. However, they did not include the names of staff members who led of complaints and had not been sufficiently reviewed to ensure that redundant terms such as the PCT (primary care trust) had been updated to the CCG.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Inadequate

Are services well-led?

At our previous inspection on 10 October 2017, we rated the practice as requires improvement for providing a well-led service as the arrangements in respect of processes to govern governance were not effective.

When we undertook a follow up inspection on 14 November 2018, there was very little improvement made from the initial inspection in December 2016. The service had deteriorated and demonstrated a continued failure to become compliant with a lack of leadership capability to drive improvements. The practice is now rated as inadequate for providing well-led services.

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

- Insufficient action and improvement had been made since the previous inspection.
- The delivery of high quality care was not assured by the leadership, governance or culture.
- Leadership structures were not effective.
- Policies and procedures did not promote good governance.

Leadership capacity and capability

Not all leaders had the capacity, skills to deliver high-quality, sustainable care.

- Leaders were not sufficiently knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership, but this was not always effective.
- The practice had informal processes to develop leadership capacity and skills, but this was not effective.

Vision and strategy

The practice had a vision but no credible strategy to deliver high quality, sustainable care.

- There was a vision and set of values. The practice had no strategy or business plans to achieve priorities.
- Staff were aware of and understood the vision, values and their role in achieving them.
- The practice told us they planned its services to meet the needs of the practice population.
- The practice did not have a process to monitor progress against the achievement of their vision.

Culture

The practice did not have a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. However, on the day of inspection disputes were witnessed between staff members.
- Leaders could not demonstrate that they had processes to enable them to effectively act on behaviour and performance inconsistent with the vision and values.
- There were some processes for providing all staff with the development they need. This included appraisal. Staff were supported to meet the requirements of professional revalidation where necessary. However, the practice did not maintain records of all their clinical staff to ensure they remained up to date with their essential training and maintained their registration with a professional body.
- The practice could not demonstrate that they actively promoted equality and diversity, not all staff members had received equality and diversity training. Staff felt they were treated equally.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective. The governance and management of partnerships, joint working arrangements and shared services did not promote effective co-ordinated services.

Inadequate

Are services well-led?

- Staff were all clear on their responsibility to report incidents in relation to safeguarding, but not all non-clinical staff members were aware of where the external contact details could be found if they needed to go down the external contact route.
- No staff members we spoke with were aware of whether any of the actions identified in the IPC audit that was carried out on the practices' behalf had been completed and the practice did not carry out an independent audit to mitigate the risks of this. This was also the same for the fire risk assessment.
- Practice leaders had not effectively established policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.

Managing risks, issues and performance

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

- There were no processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had no formal processes to manage current and future performance.
- Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice plans to manage major incidents were not effective.

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 but the practice could not demonstrate that sufficient action had taken place.
- The practice could not demonstrate how Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support sustainable services.

- Patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was a patient participation group which met once a year.
- The practice carried out an annual patient survey, but this did not address the issues identified in the national GP patient survey.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was some evidence of systems and processes for learning.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met:The provider did not have systems to effectively monitor clinical staff training, membership with professional bodies and indemnity arrangements post-employment.There were no processes to ensure that calibration of clinical equipment had taken place.This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.