Dr Salam J Farhan

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Key findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall. (Previous inspection report published 23/03/2016 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? - Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We carried out an announced comprehensive inspection at Partington Central Surgery on 20 February 2018 as part of our inspection programme.

At this inspection we found:

- Safety concerns were not consistently identified or addressed in a timely manner. Reviews and learning from incidents were not thorough.
- Information about services and how to complain was available but complaints were not used as an opportunity to learn and improve.
- Risks to patients were not always assessed and appropriately managed.
- Some audits had been carried out but there was no evidence that audits were driving improvements. Data showed patient outcomes were comparable with the local and national averages.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Staff were aware of current evidence based guidance and had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However staff had not received annual appraisals.
- The practice offered 15 minute appointments and there was continuity of care with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Some of the staff we spoke with said they felt supported by management but there was a lack of structured governance and leadership within the practice.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

Key findings

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Dr Salam J Farhan

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Salam J Farhan

Partington Central Surgery - www.partingtoncentralsurgery.co.uk - is located in a purpose built community health and social centre. The practice offers services under a General Medical Services contract to approximately 3500 registered patients, with a high population of families and young children. The population is mostly white British living in an area of high deprivation with higher than average rates of preventable cancers. The centre is easily accessible with good public transport links and plenty of available car parking. The centre is well equipped to accommodate people with disabilities.

Since our last inspection in March 2016 the practice has incurred staff losses including the practice manager and advanced nurse practitioner, which has had a negative effect on performance and capacity. They have also lost a member of reception staff. There is a full time male lead GP and a part time female salaried GP with a proposal for this to be increased to full time. In addition there is a part time practice nurse and a health care assistant. The assistant practitioner is currently acting as practice manager.

The practice is open Monday to Friday from 8am until 6.30pm and on Wednesdays the hours are extended to 7.30pm. The clinic times vary and are flexible during these hours. Appointments are 15 minutes long and can be made by telephone, online or calling at the surgery. Telephone consultations, same day and urgent appointments are available.

When the practice is closed, patients can be seen by the On Call services. Blood tests are available at Partington Central Surgery on a Wednesday and Friday between 8.45am and 10.45am and a phlebotomy service is also available between 9am and 11am on Wednesdays and Fridays at the community centre in the same building. Child Health and Immunisations, baby clinics, minor surgery, travel immunisations and vaccinations and flu vaccinations are offered at the practice.

Requires improvement

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

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

Some of the systems, processes and practices were not always reliable and staff were inconsistent in their responses about them. There was a limited use of systems to record and report safety concerns, incidents and near misses. Some staff were not clear about how to raise concerns and when things went wrong reviews and investigations were not always thorough enough.

Safety systems and processes

There were systems in place to keep patients safe and safeguarded from abuse.

- We saw that the practice conducted safety risk assessments such as infection control, medicines management and reliable recruitment practices. However, the suite of safety policies which included incident reporting and safeguarding were not regularly reviewed and communicated to staff.
- Staff received safety information for the practice as part of their induction but they could not evidence how this was put into practice. Policies were available in a paper and electronic format, but these did not match so the current guidance was not clear.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The practice worked with other agencies to support patients and protect them from neglect and abuse.
- All staff had completed the Care Certificate and this included up-to-date safeguarding and safety training appropriate to their role. However, there were inconsistencies fed back from staff about what they would consider appropriate to escalate as a concern.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control and a recent audit had been completed by Trafford Clinical Commissioning Group (CCG).
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- 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, for example, sepsis. However, reception staff had not had any training in recognition of red flag symptoms.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. However there was no formal way of communicating change to all staff or monitoring that any required changes had taken place.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. However, the care records that we saw showed that there needed to be a more robust process to record medicine reviews. A new clinical system had been introduced in October 2017 and the practice was still learning how to use it to its best ability.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. They had access to community services within the building and were able to speak to district and community nurses without delay when required.

Requires improvement

Are services safe?

- We saw that there had been a system in place to peer review referral letters to ensure that they included all of the necessary information. However this safety process had been discontinued and there was no recent monitoring of referral letters either inhouse or outside the practice.
- There was an appropriate system in place to manage two week wait referrals which are urgent referrals to ensure that patients receive the most appropriate treatment within two weeks.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines but they were not all robust enough to ensure that errors did not occur. In particular :

- The system for managing Warfarin (a medicine that stops blood clotting) was not failsafe. A record we reviewed identified that Warfarin had been issued and there was no recorded entry that INR monitoring was up to date. (INR monitoring checks that Warfarin is at the correct level before medicine is prescribed). In another record a patient had not been prescribed Warfarin although it had been added to their list of required medicines.
- Patient records that we reviewed identified that improvements were required in the process of medicine reviews, including the recording of such.
- There was a system to manage cold storage, including vaccines. However the practice needed to review the system for monitoring and resetting fridge readings and training was required on what to do when a high reading was noted. We saw that a high reading had been noted and no appropriate action had been taken.
- The systems for managing medicines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance, with the exception of the issues mentioned.
- The practice had audited antimicrobial prescribing. There was evidence of regular visits from the CCG's pharmacist and actions taken to support good antimicrobial stewardship.

Track record on safety

There was no way to evidence the track record for the practice. Safety incidents were not recorded in a way in which they could be monitored and reviewed. There was no evidence that the leaders had a clear and accurate picture of what could be a risk within the practice or how they could avoid risks turning into issues.

Lessons learned and improvements made

We saw from a small number of recent significant incidents that action had been taken when something went wrong. However, there was no way to evidence that learning and change were communicated effectively.

- From the summary of information submitted by the practice, we saw that a small number of significant incidents were currently under investigation. However we did not see any documented evidence to support how those incidents were being managed in house.
- We asked staff about systems in place for recording and acting on significant events and incidents. Staff were inconsistent in their responses and understanding. There was no protocol about how or what should be raised as a concern or a near miss. Staff told us they did not know what happened to information after they escalated it to their leaders or managers.
- During the inspection we became aware of incidents that had occurred in the past. Those incidents had not been formally reported, recorded or discussed. There was no way to evidence that any learning had occurred or that action had been taken to avoid the incident from occurring again in the future.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

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' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group were comparable with other practices in the locality.
- The number of antibacterial prescription items prescribed per Specific Therapeutic were comparable with other practices in the locality.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones were comparable with other practices in the locality and were being further reduced with the help of the Clinical Commission Group (CCG) pharmacist.
- 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:

- All patients over the age of 75 had a named GP and had access to full assessments. At the time of the inspection they were not being pro-actively contacted to see if they required a physical health check. 184 patients over the age of 75 had been identified and the practice planned to invite them in.
- 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.

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. The recall system was not up to date in the new electronic patient record system and other systems were in place to invite patients in for clinical reviews.
- Chronic diseases were monitored by the practice nurse, assistant practitioner and health care assistant. There were no outliers in data identified relating to long-term conditions.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- The practice held a baby clinic on a Tuesday afternoon where mothers and children were seen firstly by the health visitor if they so wished.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to identify safeguarding concerns such as female genital mutilation and had coded any patients accordingly.

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

- Travel advice was available through the practice nurse who was able to advise when a patient should attend a travel clinic for further support.
- Appointments could be booked on line, over the telephone or by attending at the practice. 15 minute appointments were always offered and patients could make a double appointment if they felt it was necessary.
- Patient online access was being promoted and 1600 texts had been sent advising patients of the service and how to use it.
- 23% of patients between the ages of 40-74 had attended for a health assessment check in the previous five years.
- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.

People whose circumstances make them vulnerable:

- 44% of patients with a learning disability had received an annual health check.
- Patients whose first language was not English had been identified and the practice had access to interpretation services.

Good

Are services effective?

(for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances.

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

- Patients with mental health conditions had been identified and coded appropriately. 30 out of 41 patients had agreed a care plan within the previous 12 months.
- A drug and alcohol service was available within the community drugs team and anyone with increased alcohol risks was referred to Phoenix Futures which was a service available within the area.
- The number of patients newly diagnosed with depression who had been reviewed within 10-56 days of their diagnosis was above the local and clinical average.

The practice did not have a comprehensive programme of quality improvement activity and they were not routinely reviewing the effectiveness and appropriateness of the care provided. The practice had plans in place to improve this.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available. The overall exception reporting rate was 16% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Data showed that exception reporting for this practice was higher in all clinical domains with the exception of cancer, dementia, asthma and heart disease. However we looked into this further with the practice and there was no evidence of excessive exemption reporting. There were some errors with the computer system and required coding which the practice said they will review.
- The practice used information about care and treatment to make improvements on an as and when basis but not proactively through repeated cycles of clinical audit.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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 but this was informal. Staff had undergone induction when they started at the practice but ongoing monitoring and consistent appraisal was not completed. The induction process for healthcare assistants included the requirements of the Care Certificate and in addition all staff had recently completed and received the care certificate.
- The competence of staff employed in advanced roles such as non-medical prescribing, was monitored and they were supported in that role, albeit informally. However there was nothing documented to support any discussions.
- There was a clear approach for supporting and managing staff when their performance was poor or variable through an outside human resources service. We saw evidence of this.

Coordinating care and treatment

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

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

Good

Are services effective?

(for example, treatment is effective)

Staff were consistent 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their 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.

- 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.

Requires improvement

Are services caring?

Our findings

We rated the practice, and all of the population groups, as requires improvement for caring.

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

People's emotional and social needs were not always pro-actively sought out or reflected in their care and treatment. For example there was no pro-active identification of carers, and not enough pro-active help and support offered to patients and/or carers.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 342 surveys were sent out and 102 were returned. This represented about 1% of the practice population. The practice was usually slightly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 84% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 89%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 87%; national average - 86%.
- 92% of patients who responded said the nurse was good at listening to them; CCG - 94%; national average - 91%.
- 93% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 94% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 78% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 77% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. We did not see any information in reception in any other languages.
- Staff communicated with patients 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.

There was a carer's register but this had not been proactively maintained and the practice was not proactively identifying and supporting patients who were carers.

Staff told us that patients and their families were supported through times of bereavement. Consultations were available at flexible times and/or locations to meet the family's needs. Advice on various support services was available.

Requires improvement

Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However results were still lower than the local and national averages.

- 80% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 76% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998 but did not have suitable systems in place to ensure that all staff adhered thereto.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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

Services were not always planned in a way that focused on people's holistic needs and complaints were not used as an opportunity to lead improvements in the quality of care.

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. For example they offered 15 minute appointments for everyone, extended opening hours, online services, advanced booking of appointments and advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services and the practice had direct access to district nurses and other services within the building.

Older people:

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

People with long-term conditions:

- Patients with a long-term condition received a health check but medicine reviews were not proactively undertaken. Multiple conditions could be reviewed at one appointment if required, and consultation times were flexible to meet each patient's specific needs.
- The practice had the benefit of the local district nursing team on the premises and was able to meet with them when required, to discuss and manage the needs of any patients with complexity 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.
- 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):

- The practice offered flexible appointments and continuity of care. 15 minute appointments were available every day and extended hours were available one day per week.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances and had identified those with learning disabilities, dementia, mental health conditions and patients from the travelling community.

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 but had not undertaken formal mental capacity act training.

Timely access to the service

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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower when compared to local and national averages. 342 surveys were sent out and 102 were returned. This represented about 1% of the practice population. There were no negative responses in the completed comment cards.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 77% of patients who responded said they could get through easily to the practice by phone; CCG – 78%; national average - 71%.
- 80% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 88%; national average - 84%.
- 71% of patients who responded said their last appointment was convenient; CCG - 83%; national average - 81%.
- 67% of patients who responded described their experience of making an appointment as good; CCG - 74%; national average - 73%.
- 49% of patients who responded said they don't normally have to wait too long to be seen; CCG - 57%; national average - 58%.

Listening and learning from concerns and complaints

We did not see that complaints were pro-actively identified or managed. Since May 2016 only two complaints had been recorded (one in May 2017 and one in July 2017). There had been no more recorded since that time and the leaders at the practice told us there had been none reported.

- Information about how to make a complaint or raise concerns was available but we were unable to determine whether staff were escalating any issues or simply dealing them when they happened.
- The complaint policy on the practice website was dated November 2013 and had not been updated. The practice was not following the policy. Complaints were not discussed as a team.
- We reviewed a folder with details of complaints received over a number of years. We saw that the two complaints in 2017 had not been responded to appropriately. There was no evidence that people had been supported, that the complaint had been managed appropriately or that risk had been assessed (if the complaint was about a clinician). We did not see any response in writing to the patients.
- The practice did not use the complaints to make change or learn lessons. In one example, the concern related to a member of staff but the matter had not been discussed with that member of staff and they were not aware of the issue.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

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

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

The arrangements for governance and performance management did not always operate effectively. Risks, issues and poor performance were not always dealt with appropriately or in a timely way. The risks and issues described by staff did not correspond to those reported to and understood by leaders. In addition, leaders were not clear about their roles and their accountability for quality and there was a limited approach to obtaining the views of people who used the service and staff.

Leadership capacity and capability

The leadership, governance and culture did not always support the delivery of high quality person-centred care.

- Not all of the leaders were able to demonstrate that they had the necessary experience, knowledge, capacity or capability to lead effectively.
- Staff were not always clear about leaders' roles and accountability for quality and management.
- Leaders were not able to demonstrate that they were suitably knowledgeable about all issues and priorities relating to the quality and future of services. However they did understand the challenges and had plans to address them.
- Not all staff we spoke with told us that leaders at all levels were visible and approachable.
- The practice was not able to demonstrate that they promoted a team culture.

Vision and strategy

The practice had a vision and strategy which was to deliver high quality care and promote good outcomes for patients. However,

- We did not see that there was a clear set of values shared by all staff.
- There was little evidence of supporting business plans to achieve priorities, and the needs of the practice had not been identified.
- There were no joint development discussions with patients, staff and external partners.

Culture

Staff satisfaction was mixed and we did not see that improving the culture, or staff satisfaction was viewed as high priority. There had been a number of issues recently that had caused disruption within the practice and led to staff leaving.

- The remaining staff we spoke to said they felt respected, supported and valued and were proud to work in the practice.
- We saw that the leaders and managers acted on behaviour and performance inconsistent with their vision and values. However, the evidence that we obtained did not show that the issues had been shared in a formal, open and transparent manner with staff and this had left to staff coming to their own conclusions about what had happened and what actions had, or should be taken, to avoid a repeat of the issue.
- The provider was aware of the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns but they were not encouraged to do so in an open way. They told us that once reported they did not know what happened with the information.
- There were processes for providing all staff with the development they need. However, appraisal and career development conversations had not recently taken place. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training via the Care Certificate.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively. There had been no recent review of the governance arrangements, the strategy, plans or the information used to monitor performance.

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Staff were clear on their own roles and accountabilities including in respect of safeguarding and infection prevention and control, but they were not always clear about others' roles.
- Practice leaders had established proper policies, procedures and activities to ensure safety but these were not all up to date or operating as they were intended. For example, there was no protocol for incident reporting and staff were not consistent in their knowledge of what they should do if an incident occurred.

Managing risks, issues and performance

Risks, issues and poor performance were not always dealt with appropriately or in a timely way. The risks and issues described by staff did not correspond to those reported to and understood by leaders.

- There was no effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- MHRA alerts, incidents, and complaints were brought to the attention of practice leaders as and when required but these were not routinely discussed in a team environment.
- Clinical staff told us that they were supported by the leaders and had help with their consultations, prescribing and referral decisions when it was needed.
- There was no evidence of clinical audit that had a positive impact on quality of care and outcomes for patients. There was no evidence of action to change practice to improve quality other than in relation to prescribing.
- There were plans in place should a major incident arise.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The practice 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 but these were not identified until the time of our inspection.
- The practice had recently changed their clinical system and required further learning on the information technology systems to monitor and improve the quality of care required.
- The practice submitted data or notifications to external organisations as required.
- The arrangements in relation to data security standards were not robust enough to ensure integrity and confidentiality of patient identifiable data, records and data management systems.
- Quality and sustainability were not discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

There was a limited approach to obtaining the views of people who use services and other stakeholders. Feedback was not always reported or acted upon in a timely way.

- The practice were not pro-actively involving patients, the public, staff and external partners to support high-quality sustainable services. They did not have an active patient participation group although they were in the process of improving this.

Continuous improvement and innovation

The approach to service delivery and improvement was reactive and focused on short-term issues. Improvements were not always identified and action was not always taken. Where changes were made, the impact on the quality of care was not fully understood in advance and was not always monitored to see if it was effective.

- Staff did not know about improvement methods and were not encouraged to share ideas.
- There were no internal or external reviews of incidents and complaints.
- Leaders and managers had not encouraged staff to take time out to review individual and team objectives, processes and performance.

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 were not being met. The provider must send CQC a report that says what action they are 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Safe care and treatment **How the regulation was not being met** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular there was no formal protocol for staff to follow and no review, discussion and learning from significant incidents to ensure that any errors did not reoccur. **Regulation 12(1)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Receiving and acting on complaints **How the regulation was not being met** The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular complaints recorded since May 2016, were not responded to appropriately, were not discussed with members of staff involved and were not used to learn and make improvements to the service provided. **Regulation 16(2)**

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Good governance

How the regulation was not being met

There were not enough systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular :

- There were limited 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.
- There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular there was no active patient participation group.
- There was no regular clinical or administerial meetings where actions were taken forward and reviewed to ensure they had been completed.
- There was no regular audit programme.
- There was no system in place to ensure that patient records were kept safe from abuse.

Regulation 17(1)

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.