Dr Falak Naz

Inspection report

Burley Street
Elland
West Yorkshire
HX5 0AQ
Tel: 01422372057
www.burleystreetsurgery.nhs.uk

Date of inspection visit: 4 April 2018
Date of publication: 24/05/2018

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?	**Inadequate**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Overall summary

This practice is rated as Inadequate overall. The previous inspection, carried out on 19 January 2016 rated the practice as good overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Dr Falak Naz on 4 April 2018. We prioritised this inspection in response to concerns raised by Calderdale Clinical Commissioning Group (CCG) and NHS England.

At this inspection we found:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, high risk medicines were being prescribed by the practice without the necessary monitoring; medicines and other patient safety alerts were not actioned and the patient clinical record did not include key information, such as allergies in the appropriate places.
- Recording systems for significant events were not appropriate. Significant events and near misses were not captured in most cases. There was a lack of dissemination of learning to prevent recurrence of incidents.
- Multidisciplinary meetings did not take place. Patients were at risk of harm as information sharing relating to patients at end of life, or patients on the child safeguarding register was not occurring.
- The practice had very limited formal governance arrangements. Staff meetings were held infrequently and staff appraisals were overdue.
- Clinical staff cover for nurses and succession planning arrangements were not effectively established.
- Little or no reference was made to audits or other quality improvement activity within the practice. We saw no evidence that the practice was comparing its performance to others, either locally or nationally. Clinical audit activity was incomplete and did not address key issues of performance and improvement.
- The practice was not complying with up to date clinical guidance in relation to patient care, for example National Institute of Health and Care Excellence (NICE) guidance
- Patient Group Directions (PGDs) used for vaccination and immunisation purposes were being used without the correct authorisation.
- Procedures to monitor temperature sensitive medicines (vaccinations and immunisations) were not appropriate.
- We observed patients being treated with compassion and respect. The national GP patient survey results were consistently high across all areas. Patients told us they received a caring and personalised service. They told us they could access care when they needed it.

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

- Care and treatment must be provided in a safe way for service users
- Systems and process must be established and operated effectively to ensure compliance with the requirements of the fundamental standards of care.

I am placing this service in special measures. We are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. The service will be kept under review and if needed could be escalated to urgent enforcement action

Professor Steve Field CBE FRCP FFPH FRCGPChief 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 Falak Naz

Dr Falak Naz (known locally as Burley Street Surgery) is situated at Burley Street, Elland, HX5 0AQ.

There are currently 2,183 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England. The practice is registered with the Care Quality Commission to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostics and screening procedures
- Minor surgery
- Maternity and midwifery services

The practice is housed in single storey purpose built premises, and has been established since 1982. Prior to 2004 the practice was run by a husband and wife team of General Practitioners; and since 2004 has been run as a single handed practice.

The Public Health General Practice Profile shows that approximately 5% of the practice population are of Asian ethnicity; with approximately 2% of mixed ethnic origin. The level of deprivation within the practice population is rated as five, on a scale of one to ten. Level one represents the highest level of deprivation, and level ten the lowest.

The age/sex profile of the practice is largely in line with national averages. The average life expectancy for patients at the practice is 78 years for men and 82 years for women, compared to the national averages of 79 years and 83 years respectively.

The practice offers a range of enhanced services, including childhood vaccination and immunisations, minor surgical procedures and rotavirus and shingles immunisation.

The practice is open between 8am and 6.30pm Monday to Friday. Extended opening hours are available on Tuesday and Wednesday between 7.30am and 8am.

The practice is run by a single handed male GP. Locum cover is provided by a female GP during times of planned GP absence. In addition a nearby surgery is able to offer cover in the event of any unplanned GP absence. There are two part-time practice nurses. Supporting the clinical team is a newly appointed practice manager and a range of reception, secretarial and administrative staff.

Out of hours care is provided by Local Care Direct and can be accessed by calling the surgery telephone number or by calling the NHS 111 service.

When we returned for this inspection we checked, and saw that the previously awarded ratings were displayed, as required, on the practice website. At the time of our visit the ratings were not on display in the practice premises. This was rectified before we left the premises.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate because:

- Systems and processes were not in place to keep patients safe. High risk medicines were being prescribed by the practice without the necessary monitoring; medicines and other patient safety alerts were not actioned and the patient clinical record did not include key information, such as allergies, in the appropriate places.
- Recording systems for significant events were not appropriate. Significant events and near misses were not captured in most cases. There was a lack of dissemination of learning to prevent recurrence of incidents.
- Multidisciplinary meetings did not take place. Patients were at risk of harm as information sharing relating to patients at end of life, or patients on the child safeguarding register was not occurring.
- Fire safety procedures were not completed in line with government regulations.
- Vaccination fridge temperatures were not being monitored appropriately.
- Staff training and appraisal records were not up to date.
- Patient paper clinical records were not stored safely.
- Staff immunisations were not offered in line with Department of Health recommendations.

Safety systems and processes

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

- The practice conducted some safety assessments. Premises and health and safety risk assessments had been carried out and equipment had been calibrated in line with requirements. Records of fire drills were not available after 2015, and records of fire alarm tests were not available after 2011. Staff received safety information as part of their induction.
- The practice had developed adult and child safeguarding policies. However we saw that these were not adhered to; as the practice did not share information with other relevant agencies. We saw examples where patients were at risk of harm due to lack of information sharing and liaison. Multidisciplinary meetings were not held.
- The practice carried out staff checks, including checks of professional registration where relevant, at the time of recruitment. 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. The GP had received level three training in 2015, and was due for an update. Staff told us they would inform the GP of any concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There were some gaps in relation to infection prevention and control (IPC) systems. We saw that some equipment, including nebuliser masks, needles and defibrillator pads were out of date. Rooms where cervical cytology procedures were carried out were carpeted. Curtains were not in place in all consulting rooms. The practice told us they would review their approach in this regard.
- The practice had systems to monitor 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 limited systems to assess, monitor and manage risks to patient safety.

- The number of clinical staff employed was limited. We were told that arrangements were in place for GP cover. Nurse cover for annual leave however was not provided.
- Temporary staff were used only in the case of locum cover for the GP. We were told this was a long standing arrangement, and the practitioner in question was fully aware of the processes in operation in the practice.
- In the event of a medical emergency staff told us they would alert the GP. Staff had received up to date basic life support training. The staff we spoke with did not have an understanding or awareness of managing acute infections such as sepsis.

Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

Inadequate

Are services safe?

- The practice was not making safe and appropriate use of the patient clinical record. We saw several examples where patients' diagnoses, conditions and allergies had not been appropriately coded on the clinical system. Consultations with the GP were recorded and transferred onto the clinical system by a member of the secretarial staff. For example, we saw that a child with an allergy to penicillin had been prescribed a penicillin based antibiotic, and experienced an adverse reaction, by way of a rash. Appropriate alerts were not placed on the patient's clinical record to remind prescribing clinicians of this allergy.
- The practice did not routinely share information with other agencies, such as district nurses, palliative care nurses, midwives and health visitors. This jeopardised their ability to deliver safe care and treatment.

Safe and appropriate use of medicines

There were gaps in practice systems for the safe handling of medicines.

- Systems for the monitoring of vaccine fridge temperatures were not thorough enough. Daily recordings of temperatures were kept, but there was no system to record minimum and maximum temperatures. This meant that the integrity of the cold chain could not be assured.
- The medicines contained within the doctor's bag included a controlled drug (a medicine subject to additional checks and monitoring arrangements). The practice did not have these additional checks or monitoring arrangements in place. Following our feedback the practice confirmed this had been destroyed. However the appropriate authorities had not been notified. The provider was advised to contact the relevant bodies and inform them of their actions to enable any necessary safety checks to be carried out.
- Systems for prescription safety were not thorough enough. Prescriptions for use in printers were appropriately monitored and stored; however an additional supply of prescription pads were not logged or monitored appropriately. Following our feedback the practice arranged to have the prescription pads destroyed in line with legal requirements.
- Some high risk medicines had been prescribed without ensuring the necessary tests had been carried out. For example a patient on a blood thinning medicine did not have a review date documented in their records. There was no evidence that their INR (International Normalised Ratio) was recorded on their records. This patient had not been seen in the practice since September 2016. INR is a measure of blood clotting time.
- Patients were not followed up appropriately to monitor and ensure that medicines were being used safely. Not all patients received regular reviews of their medicines. For example a patient on a medicine for rheumatoid arthritis had received a repeat prescription in April 2018. Their last recorded blood test was in November 2017. Patients prescribed these types of medicines require three monthly tests on the functioning of their liver and kidneys to ensure no adverse side effects are resulting from the medicine.

Track record on safety

We identified some gaps in the safety record in the practice.

- Risk assessments in relation to health and safety issues in the practice premises were in evidence.
- We were not assured that the practice effectively monitored and reviewed activity. We saw that a fire drill had not been recorded since 2015; and that there was no record of a fire alarm test since 2011. However a recent fire risk assessment, completed on 29 March 2018 had identified these as areas for action. The practice manager had plans in place to complete these actions.
- We saw that some patient paper records were stored in the staff kitchen area. This was an unlocked room and was accessible to patients.

Lessons learned and improvements made

The practice did not always learn and make improvements when things went wrong.

- The systems for recording and acting on significant events and incidents were not thorough or comprehensive. Staff told us that most such events were non-clinical; and these were not recorded. We saw only limited evidence that clinical significant events were reported and recorded. The newly appointed practice manager told us that new processes were planned to raise staff awareness of their responsibilities in this regard.
- Systems for reviewing and investigating when things went wrong were not in place. The practice did not learn lessons or take action to improve safety in the practice. For example, a significant event highlighted by

secondary care related to the over-prescribing of an eye treatment which required secondary care (consultant) oversight. Following this, we saw that the same treatment had been prescribed to a different patient on several occasions without recourse to consultant guidance.

- Systems for receiving and acting upon safety alerts were not established. We saw examples where information had not been received or acted upon in the practice. For example, an alert relating to the prescribing of a medicine for epilepsy in women of child bearing age had not been acted upon. We saw that a search had been begun by the CCG pharmacist; and found that the affected patient had not been reviewed or recalled to discuss treatment options. We saw that they were not receiving reliable contraception, or alternative treatment, as required by the patient safety alert.

Please refer to the Evidence Tables for further information.

Inadequate

Are services effective?

- **We rated the practice as inadequate for providing effective services overall and across all population groups because the practice was not complying with up to date clinical guidance in relation to patient care. In addition little or no reference was made to quality improvement activity, with limited evidence that the practice was benchmarking their performance against others. Furthermore, multidisciplinary meetings did not take place and the systems in place to provide cover for nursing staff in the event of planned or unplanned absence were not effective**

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

Effective needs assessment, care and treatment

Clinicians did not always keep up to date with current evidence-based practice. We saw that clinicians assessed needs, however care and treatment was not always delivered in line with current legislation, standards and guidance. Clear clinical pathways and protocols were not in use.

All of the population groups were rated as inadequate because the practice was not complying with up to date clinical guidance in relation to patient care. Non-clinical staff we spoke with did not have an understanding or awareness of managing acute infections, such as sepsis.In addition little or no reference was made to quality improvement activity, with limited evidence that the practice was benchmarking their performance against others. Furthermore, multidisciplinary meetings did not take place and the systems in place to provide cover for nursing staff in the event of planned or unplanned absence were not effective. These issues affected all patients.

Older people:

- Older patients who were frail or may be vulnerable were assessed when the need arose. The GP assessed their physical, mental and social needs.
- The practice reviewed discharge information following a hospital admission for older patients. Although we did not see any evidence; the GP told us he took any actions requested by the hospital consultant to manage their care.

People with long-term conditions:

- Some patients with long-term conditions had an annual review to check their health and medicines needs were being met. We saw that the nurse discussed any required changes in medicines or treatment plans with the GP and agreed this with the patient. At the time of our visit the GP did not work with other health and care professionals in a coordinated way to deliver care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice was performing in line with CCG and national averages in relation to diabetes, asthma, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension indicators.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood vaccinations and immunisations were provided by a practice nurse who worked only five hours per week at the practice. During our visit we saw that systems for monitoring the vaccination fridge temperatures were not thorough enough to guarantee the integrity of the vaccines, as minimum and maximum temperatures were not recorded.
- The practice did not work with the midwifery service in provision of maternity care. Feedback we received indicated that communication with the practice had been difficult for the midwifery team. The practice did not participate in shared care arrangements in relation to the care of pregnant women.
- The practice did not work with the health visiting service. Information sharing and communication systems in relation to vulnerable children and families were not in place.

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

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 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:

Inadequate

Are services effective?

- The GP provided end of life care to the patients registered at the practice. Communication and liaison with palliative care staff and district nurses was not formalised.
- Patients with a learning disability had not received an annual review and health check in the preceding year.

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% compared to the CCG average of 92% and the national average of 91%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 95% compared to the CCG average of 89% and the national average of 90%.

Monitoring care and treatment

The practice had only limited evidence of quality improvement activity. They had started an audit looking at the use of long-term steroids and bone protection, but at the time of our inspection this piece of work was incomplete.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 5% compared with the CCG average of 8% and the 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.)

Effective staffing

Staff had received training 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 time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- Appraisals for practice staff had lapsed in the last 18 months. The newly appointed practice manager had scheduled dates for staff appraisals. We saw a staff induction checklist for new starters. The practice manager told us this was being improved and expanded upon.
- We learned that cover for nursing staff was not provided during planned or unplanned absence.

Coordinating care and treatment

At the time of our inspection the GP did not share information and work together effectively with other health and social care professionals to deliver care and treatment to patients.

- The practice told us they delivered personalised patient care. The practice received information when patients moved between services, when they were referred, and after they were discharged from hospital. The GP assessed this information and decided what, if any, action was required. The records we viewed showed that some decisions taken or not taken had compromised the provision of safe care and treatment.
- Multidisciplinary meetings with palliative care staff were not in place. We saw that not all palliative care patients were appropriately coded. We did not see evidence of information sharing with out of hours for patients approaching the end of life.

Helping patients to live healthier lives

Staff told us they promoted choices to help patients live healthier lives.

- The practice directed patients to relevant services where additional support was identified as being needed.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. The practice nurse was able to provide weight loss advice.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

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

Inadequate

Are services effective?

- 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.

Good

Are services caring?

We rated the practice as good for caring.

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 17 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 and other feedback received by the practice.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care. Staff told us that family members could be used to help with interpretation, and that telephone interpretation services were available for patients who did not have English as a first language.

- Staff communicated with patients in a way that they could understand, for example, letters and information could be provided in large font if required.
- Staff directed patients and their carers to community and other local resources when required.
- The practice had identified 29 patients who were carers. This was over 1% of the practice list.
- Carers were offered an annual seasonal flu vaccination. They were also signposted to local voluntary carers' support services.
- Staff told us that if families had experienced bereavement, the GP made contact and often carried out a home visit to discuss their needs.

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.
- We saw that information governance training was provided for all staff.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services responsive to people's needs?

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

We rated the practice as requires improvement for providing responsive services because:

- Care and treatment for patients was not co-ordinated effectively with other services.
- There were no systems for following up on children whose parents failed to present them for treatment or care.
- Recall systems for patients with long term conditions were not clearly established.

Responding to and meeting people's needs

The practice understood the needs and preferences of their patients. Where possible they took account of these when providing services.

- Patients were able to register for online services.
- The facilities and premises were appropriate for the services delivered.
- Home visits were offered when patients were unable to attend the surgery in person due to extreme ill health or frailty.
- Information sharing and liaison with other services for patients with multiple long-term conditions and those approaching end of life was not coordinated effectively with other services.

All of the population groups were rated as requires improvement, as the issues identified below potentially affected all patients:

- Care and treatment for patients was not co-ordinated effectively with other services.
- There were no systems for following up on children whose parents failed to present them for treatment or care.
- Recall systems for patients with long term conditions were not clearly established.

Older people:

- The GP told us he provided support appropriate to the individual need of older people.
- 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 ill health or frailty.

People with long-term conditions:

- Some patients with a long-term condition were offered an annual review. We saw that recall systems were not clearly established. Appointments were offered flexibly in line with practice nurse availability.
- The practice did not hold meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues. These were discussed in an 'ad hoc' way according to need.

Families, children and young people:

- The practice did not have systems in place 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.
- 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 endeavoured to provide flexible appointments in line with the needs of working people. For example the practice was open between 7.30am and 8am on Tuesday and Wednesday morning.

People whose circumstances make them vulnerable:

- The practice had identified 29 patients who acted in an unpaid caring role. These patients were offered an annual seasonal flu vaccination, and signposted to local voluntary carers' support services.
- Twelve patients were registered on the learning disabled register. At the time of our inspection none of these people had received an annual health review. The practice told us the practice nurse was in the process of organising these.

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

- Staff interviewed had an understanding of the needs of patients with mental health needs and those patients living with dementia.

Requires improvement

Are services responsive to people's needs?

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 access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Listening and learning from concerns and complaints

The practice had received no complaints in the preceding year.

- A poster was situated in the patient waiting area advising patients how to make a complaint. Staff we spoke with told us they would inform the practice manager or the GP if a patient raised any issues.
- The complaint policy and procedures were in line with recognised guidance. We were unable to review any complaints, as none had been received in the preceding year.

Please refer to the Evidence Tables for further information.

Inadequate

Are services well-led?

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

The practice was rated as inadequate because:

- The delivery of high-quality care was not assured by the leadership, governance or culture of the practice. Governance arrangements were very limited. Systems and processes were not established effectively.

- Staff cover and succession planning arrangements were not effectively established.
- Engagement arrangements with external agencies and the multidisciplinary team were not in place.

Leadership capacity and capability

We were not assured that the GP had the capacity and skills to deliver high-quality, sustainable care.

- A practice strategy had not been developed. There was no succession planning or appropriate clinical staff cover arrangements in place.
- The lead GP and newly appointed practice manager were visible and approachable. The practice manager provided examples of where staff engagement was planned for the future.

Vision and strategy

The practice had a Statement of Purpose which stated a vision to provide a high standard of medical care and to act with integrity.

- Staff we spoke with confirmed they understood the aim of the practice was to provide good personalised care to patients.
- The practice was exploring the possibility of participating in the local extended hours scheme, delivered from a locality hub.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice aimed to focus on the needs of patients.
- The newly appointed practice manager was developing methods to act upon behaviour and performance inconsistent with the needs of the practice.
- Only one significant incident had been recorded in the preceding year, and no complaints had been received. We were not assured that the processes for reporting, recording and learning from these were sufficiently established.
- Staff we spoke with told us they felt they would be able to raise concerns if they needed to.
- Arrangements were in place for staff training. Staff appraisals had lapsed in the preceding 18 months due to the absence of a permanent practice manager. The newly appointed practice manager had scheduled dates to complete these. Staff were able to access the necessary training to fulfil their role.
- Staff described positive relationships between staff and teams.

Governance arrangements

The practice did not have clear systems of accountability and responsibility to support good governance and management.

- There were limited structures, processes and systems to support good governance and management. Partnerships, joint working arrangements and shared care services were not effectively established. This limited the delivery of co-ordinated person centred care.

Inadequate

Are services well-led?

- Staff were not always clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Policies, procedures and activities were not effectively established to ensure safety.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not sufficiently established.

- Processes to identify, understand, monitor and address current and future risks, including risks to patient safety were not operational.
- The practice did not have processes to manage current and future performance or prescribing and referral decisions. There was no clear process for the receiving and acting upon Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints. Processes for reporting and recording incidents and complaints were not sufficiently embedded.
- Little reference was made to quality improvement activity. We did not see evidence of change to practice to improve quality.
- Staff had received training in basic life support.

Appropriate and accurate information

The practice monitored information relating to Quality and Outcomes Framework (QOF) data, and patient survey results.

- At the time of our visit staff meetings had recently been re-launched; where it was planned that staff would have access to information in relation to quality and risk issues arising within the practice.
- We were not assured that the practice submitted data or notifications to external organisations, such as the Clinical Commissioning Group (CCG) as required.
- Staff had access to information governance training. Staff we spoke with demonstrated an understanding of patient and data confidentiality. However we saw that some patient paper records were stored in an unlocked staff room which was visible from the patient car park.

Engagement with patients, the public, staff and external partners

The practice had established links with a patient participation group. The practice manager was planning to establish regular information sharing meetings. Staff told us they would feel able to raise issues or make suggestions for improvement if the need arose.

Continuous improvement and innovation

At the time of our visit the newly appointed practice manager told us they were keen to engage with the CCG and other external agencies to bring about internal change and improvement to benefit the staff and patients at the practice.

Please refer to the Evidence Tables for further information.