

# Dr Beheshti

## Inspection report

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

## Ratings

### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



# Overall summary

**This practice is rated as requires improvement overall.** (Previous rating June 2016 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dr Beheshti's Practice on 16 July 2018. This inspection was carried under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

At this inspection we found:

- The practice had systems to manage most risks, however we found improvement was required in relation to infection control, high-risk medicines, fire safety and COSHH.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice did not have adequate arrangements for monitoring uncollected prescriptions.

- Recently published GP patient survey data showed that all staff involved in treating patients did so with compassion, kindness, dignity and respect.
- Patients reported that they found it difficult to access treatment and care.
- Complaints received by the practice were properly investigated, however the practice did not provide written responses for all written complaints received.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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.

The areas where the provider **should** make improvements are:

- Take action to immediately address concerns patients have reported in relation to accessing treatment and care.
- Review and improve how complaints are responded to and consider doing so in line with underpinning standard operating procedure.
- Take action to improve underperforming areas such as childhood immunisations and diabetes.
- Take further action to continually improve low scores as highlighted in the national GP patient survey.
- Review how patients with caring responsibilities are identified so as to ensure they receive the appropriate support.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC inspector who was supported to by a GP specialist adviser and a practice nurse specialist adviser.

## Background to Dr Beheshti

Dr Beheshti's Practice also known as Dr Sanomi and Olajide Surgery operates from Rush Green Medical Centre which is a purpose-built health centre located Romford, East London within the NHS Havering Clinical Commissioning Group. Services are delivered to approximately 4880 as of 4 July 2018. The practice is well served by local buses and is a little over one mile away from Romford Railway Station. Patients have access to an onsite car parking which has no restrictions.

The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services). The practice provides a full range of enhanced services including childhood vaccination and immunisation, extended hours, dementia support, minor surgery, rotavirus and shingles immunisation and unplanned admissions.

The practice is registered with the Care Quality Commission to carry on the regulated activities family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury and diagnostic and screening procedures from Rush Green Medical Centre, 261 Dagenham Road, Romford, RM7 0XR.

The clinical team included two GP partners (male), one sessional GP (male), one GP registrar (female), one FY2 (female) (a grade of medical practitioner undertaking the foundation programme which forms the bridge between medical school and specialist/general practice training), two part-time practice nurses (female) and one health care assistant (female). They are supported by a full-time practice manager and various reception and administrative staff.

The practice's opening times are from 8:30am to 6:30pm Monday to Friday. Surgery times are from 8.30am to 12:30pm and then 2.30pm to 6.30pm. Extended hours are offered between 6.30pm to 7.30pm on Tuesday and Friday. The Out of Hours service is provided by the NHS 111 service and can be accessed by ringing the local rate telephone number which is displayed in the practice leaflet and posters displayed throughout the practice. To assist patients in accessing the service, they could book appointments online and daily telephone consultations were undertaken by the GPs.

# Are services safe?

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

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

- Risk assessments such as health and safety and fire safety were not undertaken to assess the risks posed to patients and other service users.
- Infection control audits were out-dated; the last one undertaken was May 2017.
- The process for high risk medicines such as warfarin were not always adhered to.
- Written processes were not in place for uncollected prescriptions.

### Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice outsourced HR duties to an external organisation. At the time of the inspection, we found confidentiality agreements and induction checklists were not in staff files.
- There was a system to manage infection prevention and control, however this needed strengthening to ensure audits were completed six monthly. We found that although audits were detailed and addressed all infection control areas, however the last one undertaken was in May 2017.
- The practice had arrangements to ensure facilities and equipment were safe and in good working order.

- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

There were 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 effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. From a sample of patient records reviewed, clinicians knew how to identify and manage patients with severe infections including sepsis.

### 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 had systems for appropriate and safe handling of medicines, however those relating to high-risk medicines needed improving to ensure overall patient safety.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff did not always prescribe, administer or supply medicines to patients in line with current national guidance. We found three patients on warfarin, two

## Are services safe?

patients on amiodarone and one patient on lithium who were all under shared care agreements did not have the relevant blood test recorded, yet medicines were prescribed by the doctors.

- We reviewed uncollected prescriptions and found the practice did not have adequate arrangements to follow up with patients who failed to collect prescriptions.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

### Track record on safety

The practice's track record on safety needed improving.

- There were comprehensive risk assessments in relation to some safety issues, however those relating to fire safety, health and safety and COSHH were not embedded.

- There was evidence the practice monitored and reviewed some activities. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to some improvements in safety.

### 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, identified themes 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. GPs were reminded at monthly quality meetings to review and action any new alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

We rated the practice as good for providing effective services overall and across all population groups except for people with long-term conditions and families, children and young people population groups which we rated as requires improvement.

## Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice could remotely accessed patient's records through the use of a new clinical software system. This was particularly of importance when undertaking home visits.
- As part of the clinical software, voice recognition was now included and could be used to create clinical records speedily.
- 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 medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated requires improvement for effective because:

- The practice's performance on quality indicators for long term conditions was below local and national averages.

For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 66%, compared to the local average 74% and national average of 80%.

There were examples of good care for this group:

- 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.

Families, children and young people:

This population group was rated requires improvement for effective because:

- Childhood immunisation uptake rates were below the target percentage of 90%.

There were examples of good care for this group:

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- There was a did not attend policy for children which was developed in-house.
- There were evidence clinicians took Gillick competence and Fraser Guidelines taken into consideration when making decisions.

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

## Are services effective?

- The practice's uptake for cervical screening was 75%, which was below the 80% coverage target for the national screening programme. This was below the 80% coverage target for the national screening programme; however information from Public Health England (PHE) stated that coverage had declined in recent years. In 2015/16 coverage was defined at 73%.
- The practice's uptake for breast and bowel cancer screening was comparable to local and national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- 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; of the 13 patients on the disability register, 10 have had health checks undertaken in the last 12 months.
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was in line with the local CCG and national averages.
- 80% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable with CCG and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 81% of patients experiencing poor mental health had received discussion and advice about alcohol consumption.

### 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.
- All vulnerable patients were highlighted and flagged on the clinical system.
- The practice have coordinated a joint up approach whereby GPs, practice nurses and HCA visited a local care home to undertake checks.
- 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.
- 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.

### Monitoring care and treatment

The practice had a comprehensive 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 most recent published Quality Outcome Framework (QOF) results were comparable at 94% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 94% and national average of 96%. This was achieved with an exception reporting rate of 5%. (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.)
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity.

### Effective staffing

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



# Are services effective?

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

## Coordinating care and treatment

Staff worked 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 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 monitored the process for seeking consent appropriately.

**Please refer to the evidence tables for further information.**



# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information. The practice's GP patient survey results were in line with local and national averages for most questions relating to kindness, respect and compassion. However, those relating questions about GPs were below averages. We reviewed the GP Patient survey data which was published after the inspection on 9 August and found that these scores had improved, for example:
- 91% of patients said the healthcare professional they saw or spoke to was good at treating them with care and concern. This was above the CCG average of 83% and national average of 87%.

## **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.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were below local and national averages for two questions relating to involvement in decisions about care and treatment, however we saw evidence this had improved based on the recently published GP patient survey results. For example:
- 90% of patients stated that they were involved as much as they wanted to be in decisions about their care and treatment during their last GP appointment. This was comparable to local and national averages at 92% and 93% respectively.
- 94% of patients felt their needs were met during their last GP appointment. This was comparable to local and national averages.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

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

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

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

The practice was rated as requires improvement responsive because:

- External and in-house survey showed that patients had difficulty accessing care and treatment.
- Written complaints were not always responded to in line with practice's policy.

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. There was a dedicated weekly clinic to support this.

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.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Weekly dedicated long-term conditions clinics were introduced to address areas such as Diabetes. The practice reported that they had a number of patients whose diabetes was poorly controlled and used these clinics as a way of educating patients about self-management.
- The practice held bi-monthly 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered in-house sexual health, contraception and family planning advice.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours appointments two days per week.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Appointment times offered were flexible.

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

# Are services responsive to people's needs?

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- There was a designated quiet area away from the main reception area where patients could wait if required.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The Mental health register was regularly reviewed and updated.
- The practice worked collaboratively with other organisations for those patients with serious mental illness (SMI).

## Timely access to care and treatment

Patients could not always access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients told us that waiting times and delays were regular and felt this area needed improving. The practice was aware of this and told us initiatives had been put in place to improve this. For example, they have created “catch up” appointment slots; the practice told us as they are a training practice, often times FY2 doctors needed advice regarding patient illnesses. In addition, a notice board in the waiting area now informed patients of delay to their appointments.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

- Some of the practice's GP patient survey results were significantly below local and national averages for questions relating to access to care and treatment. For example, only 40% of patients stated that they found it easy to get through to someone on the phone. This was compared to the CCG average of 65% and national average of 71%. From conversation had with the practice, they told us they had recently installed a new telephone system which they regarded as more sophisticated and user friendly compared to the previous telephone system. The new phone system enabled call waiting and patients were kept informed of their space in the queue and anticipated time call would be answered. The practice believed these measures would improve patient experiences which will result in improved feedback.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously, however we found that not all written complaints received by the practice received written responses. The practice's policy for complaints management explicitly stated that all written complaints would receive a written response. 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. 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.**

# Are services well-led?

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

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

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

- There was a clear vision and set of values. The practice did not have a documented business plans, but we reviewed minutes of meeting and found the practice discussed how they intended on achieving current and future priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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. The practice promoted a “blame free culture”.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Some staff had received equality and diversity training. Staff felt they were treated fairly.
- There were positive relationships between staff and managers.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities in respect of safeguarding, however we found that infection prevention and control audits were not undertaken according to recommended schedules.
- Practice leaders had established policies, procedures and activities to ensure safety, however those responsible for medicines management had not ensured staff who prescribed high risk medicines did so in line with the policy and guidelines.

## Managing risks, issues and performance

There were workable systems and processes for managing some risks and performance issues except for COSHH, fire safety, infection control, high-risk medicine and health and safety.

- We found that although processes were in place to enable identification of potential risks, these were not followed routinely. We noted that the aforementioned risks were left unidentified through lack of adherence to policies, systems and processes which created and posed risks to patients and other service users.
- The practice had processes to manage current and future performance such as those relating to QOF and other benchmarking indicators. Practice leaders had oversight of safety alerts, incidents, and complaints.

## Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments; this was especially evident from a clinical stance as we saw evidence that the GPs were involved in local developments.

### Appropriate and accurate information

We reviewed how the practice acted on appropriate and accurate information and found evidence to support an effective system, however data used to gain the views of the patients did not cover some area of concerns as highlighted in the GP patient survey.

- Quality and operational meetings were held monthly and information was used to improve performance. Performance information was combined with the views of patients, although this was limited.
- Quality and sustainability were standardised agenda items discussed in monthly 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, for example those related to the in-house patient survey.
- The practice used information technology systems to monitor and improve the quality of care. The bespoke clinical software system demonstrated that the practice was adapting to the changing environment, for instance clinical staff had access to a mobile application which gave them access to patient records when conducting consultations off-site.
- 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 relevant stake-holders to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The PPG was in-active at the time of our inspection because of extenuating reasons, however we spoke with two patients who were very keen to restart the group and were being encouraged by practice leaders.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice was a teaching practice, as such, GPs were involved in tutoring and training future GPs.
- The practice nurses were involved in a 2017 Pilot practice nurse mentorship programme within the local CCG which has since been rolled out across the locality. They mentored second year university students for 8 to 12 weeks as part of their community placement. In addition, one of the practice nurses was the education lead for practice nurses in the locality.
- Technological improvements were tested and implemented, this contributed to a more innovated workplace.
- Staff knew about improvement methods and had the skills to use them; one of the GPs was the quality and improvement lead for the local CCG.
- Since 2007, the practice have worked closely with hospital consultants to undertake minor ENT in-house surgery.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Management had made the decision to outsource human resources duties to an external organisation to allow the practice manager to better focus on other pressing issues affecting the practice.

## Are services well-led?

**Please refer to the evidence tables for further information.**

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>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:</b></p> <ul style="list-style-type: none"><li>• High risk medicines were not always appropriately reviewed before being prescribed.</li><li>• COSHH risk assessments were not in place for hazardous substances held on site.</li><li>• There was no system or process to monitor prescription scripts which were uncollected by patients.</li><li>• Infection control audits were not undertaken according to recommended guidelines.</li><li>• Fire safety and health and safety risk assessments were not undertaken to determine risks posed to patients and other service users.</li></ul> <p><b>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>