

Dr Amir Ipakchi

Quality Report

Broadley Road,
Harlow,
Essex,
CM19 5SJ

Tel: 01279 406770

<http://www.barbaracastlehealthcentre.co.uk/>

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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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement

overall. At our previous inspection of October 2014 the practice was rated as good overall but with requires improvement for the safe domain. The practice was re-inspected in June 2015 where we found sufficient improvements had been made and the safe domain was rated as good.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

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 Dr Amir Ipakchi, also known as Barbara Castle Health Centre on 28 November 2017. This was as part of our inspection programme.

At this inspection we found:

- Patient feedback about access to services and involvement with clinicians was better or in line with CCG and national averages.
- Patients' who were prescribed medicines that required monitoring were regularly reviewed to ensure medicines were being used safely.
- Staff felt supported and confident in approaching the GP provider with any concerns. Staff were listened to and their feedback was valued, although they did not receive a regular appraisal.
- Improvements were needed to ensure that children and vulnerable adults were protected from abuse, including safeguarding training for non-clinical staff.
- Recruitment checks of non-clinical staff were not consistent.

Summary of findings

- Improvements were required to ensure that infection control procedures were effectively implemented.
- There was no central record of staff training and the practice did not have oversight of the learning needs of staff. Some staff had not received appropriate training to meet the needs of patients using the service.
- 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.
- Practice-specific safeguarding children and infection control policies were not available to staff.
- Some staff acting as chaperones had not been trained for the role and were not appropriately DBS checked or risk assessed as to their suitability for the role. This was an issue found at our original inspection in October 2014.
- There had been no health checks in the last 12 months for patients with learning disabilities and health checks were not being offered for patients over the age of 75. We were informed that patients over 75 would be reviewed in the future as part of revised services being offered.
- There were no systems to monitor the use of prescription stationery or ensure its security.
- Evidence indicated that Portable Appliance Testing for electrical devices had not taken place for ten years, although we were informed this had taken place in 2015. PAT testing was scheduled to take place in the weeks following our inspection.

- The GP provider had the skills and commitment to deliver high-quality, sustainable care, although was restricted by a lack of managerial support to underpin the safe delivery. We found that there was a lack of capacity at the practice in relation to leadership and governance.
- There was evidence of the provider working with others in the locality to secure improvements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.

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






- Take steps to identify carers and offer them a health check or other support;
- Offer patients aged over 75 an annual health check.
- Obtain a hearing loop.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Dr Amir Ipakchi

Detailed findings

Our inspection team

Our inspection team was led by:

The team included a CQC lead inspector and a GP specialist adviser.

Background to Dr Amir Ipakchi

Dr Amir Ipakchi is located on the outskirts of Harlow town. The practice provides GP services for approximately 5,100 patients living in the area.

The practice is governed by an individual male GP. He is supported by two GP locums who are engaged to work at the practice as and when they are required. There are two part-time nurses who work at the practice, along with a number of full-time and part-time administrative and reception staff.

The practice is open between 8.30am and 6.30pm on weekdays. Appointments are available from 9.30am to 12.30pm and 1.30pm to 6pm. On a Wednesday and Friday evening and on the weekends, appointments can be made at the local 'hub'. This service is provided by local GPs to offer GP and nurse appointments outside of usual working hours.

The practice population is comprised of fewer patients aged over 70 than the England average. There are more patients aged 35-39. The average life expectancy of male and female patients is comparable to the England average. 2015/16 data showed that the practice has a higher number of patients with a long-standing health condition, being 59% compared to the CCG average of 51%. 69% of patients are in paid work or full-time employment compared to the CCG average 64%.

Are services safe?

Our findings

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

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse, although improvements were needed.

- The practice had conducted safety risk assessments.
- Staff were yet to receive training in Health and Safety although had received annual basic life support training. After the inspection, we were sent evidence to confirm that training had been booked to take place in the new year.
- The practice had some systems to safeguard children and vulnerable adults from abuse. Whilst there was a safeguarding vulnerable adult's policy available on the shared drive, we were advised that the safeguarding children policy was in the process of being updated. However, the practice had local procedures available.
- Administrative staff had not received up-to-date safeguarding training although they knew how to identify and report concerns. After the inspection, we were sent evidence to confirm that training had been booked to take place in the new year.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, although we found that for one newly appointed nurse, there was no evidence of their professional registration being checked. There were no references taken for another member of staff and no risk assessment in place as to why they were not required. The practice did not record immunisation status of relevant staff.
- A Disclosure and Barring Service (DBS) checks was not evident on one of the three staff file that we viewed, although there was evidence that this had been requested. (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).
- Some staff who acted as chaperones were not trained for the role and had not received a DBS check or risk assessment to check their suitability. After the inspection, we were sent evidence to confirm that training had been booked to take place in the new year.
- The system to manage infection prevention and control required improvement: there was no action plan completed following the infection control audit and this had not identified that the Control of Hazardous Substances risk assessment was not complete. Administrative staff had not received up to date training in infection control. We were unable to locate the infection control policy although we were assured that this was forthcoming. However, it had not been sent to us after the inspection.
- The practice ensured that facilities and equipment was maintained according to manufacturers' instructions. However, evidence indicated that Portable Appliance Testing for electrical devices had not taken place for ten years, although we were informed this had taken place in 2015. PAT testing was scheduled to take place in the weeks following our inspection. Health and Safety guidelines indicate that this should take place every five years. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice did not keep all prescription stationery securely or monitor its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. Patients who were prescribed medicines that required monitoring were being effectively reviewed before a repeat prescription was issued.

Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues.
- Safety issues were discussed at the monthly practice meeting.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The provider GP 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. We saw that systems to share information with other providers were improved when a risk was identified.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The prescribing patterns of the practice for hypnotic medicines, antibacterial and antibiotics were comparable with the CCG and national averages and there were no outliers.
- 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:

- The practice was in the process of improving care for frail patients which had begun in September 2017. The practice had acquired a new computer system with a view to supporting care planning for frail patients. Older patients who are frail or may be vulnerable were to receive a full assessment of their physical, mental and social needs. Those identified as being frail were to have a clinical review including a review of their medicine.
- At the time of our inspection, there were 227 patients over 75 registered with the practice. Patients aged over 75 were not being invited for a health check and therefore, no health checks for patients over 75 had been completed in the last 12 months. We were informed that patients over 75 would be reviewed in the future as part of revised services being offered.
- 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.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The percentage of patients with diabetes whose last blood pressure reading (measured in the preceding 12 months) was in a given range was 76% compared to the CCG average of 76% and England average of 78%.

Families, children and young people:

- 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 share information about families, children and young people who had complex health needs or were at risk of abuse through a regular meeting with social workers, midwives and the health visitor.

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

- The practice's uptake for cervical screening was 78%, which was in line with the 80% coverage target for the national screening programme.
- 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.
- Appointments with a GP or nurse were available in the evenings and weekends at the local 'hub'. Further, additional appointments were available at another local practice closer to the town centre, as required.

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.
- There were 33 patients on the learning disabilities register. There had been no health checks completed of these patients in the last 12 months. We were advised that these were in the process of being arranged.

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

Are services effective?

(for example, treatment is effective)

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- 93% 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 to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia; for example, all patients experiencing poor mental health had received discussion and advice about alcohol consumption compared to the CCG average of 89% and national average of 91%. The percentage of patients experiencing poor mental health or physical health who had received discussion and advice about smoking cessation was 93% which was comparable to the CCG and national average of 95%.

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. For example, the practice had carried out an audit over a two year period which considered the dosage of an anticoagulation medicine. Improvements had been made as a result.

The most recent published Quality Outcome Framework (QOF) results for the year 2016/17 were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 96%. The overall exception reporting rate was 17% compared with a CCG average of 11% 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.)

- Overall exception reporting for 2016/17 was 17% which was 6% higher than the CCG average and 7% higher than the national average, and had increased from 11% in 2015/16. We explored this further with the practice and found that since the practice had changed the

electronic patient system in 2016, they had reviewed all patients on the registers. We saw that they had validly excepted patients who had not responded to three reminders to attend to their health checks.

- The practice was actively involved in quality improvement activity and worked with the CCG medicines management team to improve prescribing patterns.

Effective staffing

Whilst clinical staff had the skills, knowledge and experience to carry out their roles, this was not always the case for administrative staff. 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. However, administrative staff had not received all relevant training.

- There was no central record of staff training and therefore, the practice did not have oversight of the learning needs of staff. Administrative staff did not have up to date safeguarding, infection control, chaperoning or health and safety training.
- The practice provided staff with day to day ongoing support which was proportionate to the size and familiarity of the staff. We found evidence of staff members being supported and developed in their career progression. Staff told us that there was an open and transparent relationship with the provider. The practice ensured the competence of staff employed in advanced roles by overseeing their prescribing and regular supervision. However there was no formal appraisal system in place for all staff that provided an effective assessment of their performance through supervision and appraisal.

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 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.

Are services effective?

(for example, treatment is effective)

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients who were frail, in the last 12 months of their lives or at risk of developing a long-term condition.
- 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, 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.

Are services caring?

Our findings

We rated the practice, and all of the population groups, 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 four patient Care Quality Commission comment cards we received were positive about the service experienced.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 285 surveys were sent out and 109 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% 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 89%.
- 93% of patients who responded said the GP gave them enough time compared with the CCG average of 85% and national average of 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG and national average of 95%.
- 97% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 84% and national average of 86%.
- 94% of patients who responded said the nurse was good at listening to them compared with the CCG and national average of 91%.
- 95% of patients who responded said the nurse gave them enough time compared with the CCG and national average of 92%.

- 95% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and national average of 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 84% and national average of 87%.

The practice were proud of their achievement in the GP patient survey and feedback that we received from patients on the day of our inspection aligned with those expressed in the GP patient survey.

Involvement in decisions about care and treatment

Staff were aware of how to help patients be involved in decisions about their care in line with 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. We were told of how clinicians used technology to enable patients to discuss their health needs. Patients were also told about multi-lingual staff who might be able to support them.
- The practice did not have a hearing loop. Administrative staff were aware of patients who were hard of hearing and told us of how they would support them to be involved in their care.
- We spoke with a representative of a service where patients with learning disabilities lived. They explained how the clinicians from the practice supported patients to be involved in decisions about their care.
- There had been no patients identified who were carers. The practice did not offer a health check for patients who were carers. Whilst the practice had not identified patients who were carers on the patient record system, the provider explained how they helped patients and their carers find further information and access community and advocacy services through the care co-ordinator. The practice offered carers an annual flu vaccination.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs.

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. Results were in line with local and national averages:

- 97% 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 84% and the national average of 86%.
- 94% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and national average of 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of 90%.

- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and national average of 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.
- On offer of employment, all staff were asked to sign the practice's confidentiality policy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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, appointments were available on weekends and in the evening at the local 'hub'. The practice online services such as prescription requests and advanced booking of appointments.
- Patients could book appointments with another practice in the locality when there were no more appointments available for that day.
- The practice improved services where possible in response to unmet needs.
- 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.

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.

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. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- 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 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, appointments were available outside of usual working hours at the local 'hub'.
- Telephone 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 worked with the local hospice, attending regular meetings with staff and improving systems to ensure patients who were nearing the end of their lives received their medicines efficiently.
- We spoke with a representative from a home for patients with learning disabilities. They told us how the GPs would visit the patient in their lunch hour when a patient needed a home visit.

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.
- The practice signposted relevant patients to support services within the community.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- Patients with the most urgent needs had their care and treatment prioritised.
- 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 in line with or better than local and national averages. This was supported by observations on the day of inspection and completed comment cards. 285 surveys were sent out and 109 were returned. This represented about 2% of the practice population.

- 78% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 91% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 62% and the national average of 71%.
- 87% of patients who responded said their last appointment was convenient compared with the CCG average of 80% and the national average of 81%.
- 85% of patients who responded described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 83% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints appropriately.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and shared learning with all staff.

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.

Leadership capacity and capability

The GP provider had the skills and commitment to deliver high-quality, sustainable care, although was restricted by a lack of managerial support to underpin the safe delivery of services.

- As there was no practice manager employed, the GP provider also filled this role. As evidenced by patient feedback, they were delivering and prioritising efficient and effective care in most areas but this meant that, on occasions, training and administrative functions were relegated and this presented a risk to patients and staff.
- The GP provider was knowledgeable about these issues and had made plans to evolve and improve the future leadership of the practice, although these plans were yet to be effectively implemented and embedded.
- The provider was visible and approachable. They worked closely with staff, stakeholders and services in the locality to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. They advocated treating patients with respect and listening and supporting them to express their needs to afford them independence, choice and control.

- There was a clear vision and set of values. Whilst the practice had a realistic strategy to achieve priorities in the coming years, it was unclear how immediate issues would be managed in the absence of administrative managerial support.
- The wider strategy of the practice was in line with health and social priorities across the region and had been planned to take account the needs of the practice population.

Culture

The practice had a culture of prioritising efficient and effective patient care although improvements were required in relation to health checks for the elderly and for those with learning disabilities.

- 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. These were shared at practice meetings and meaningful steps were taken to make changes. 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.
- There was a strong emphasis on the well-being of all staff and there were positive relationships between staff and teams.
- Whilst we saw that staff had opportunities to progress their careers within the practice, the lack of oversight of administrative functions meant that systems to support staff were not always effective and there was no formal appraisal process in place. For example, there was no system whereby training could be monitored.
- 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.

Governance arrangements

The GP provider was accountable and supportive to patients, staff and others. As there was no practice manager or other member of staff appointed to manage the day-to-day administrative functions of the practice, he led the team in all areas.

- As priority was given to meeting patient demand and ensuring good clinical care, on occasions the implementation of some day to day administration was neglected. This meant that the governance at the practice required strengthening as areas of risk had not been identified and managed.
- There were plans to develop the role of practice manager within the practice, although this had not yet taken effect.

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 lead roles and accountabilities in the practice for safeguarding and infection prevention and control, although this was attributable to the size and familiarity of clinicians of the practice rather than the availability of updated training, policies and procedures.

Managing risks, issues and performance

There were some processes in place for managing risks, issues and performance. However there were a number of areas found on the inspection which demonstrated that risks were not always being identified and actioned.

- In particular risks relating to infection control, training, DBS for chaperones, the storage of prescription stationery, safeguarding and recruitment and these had not been assessed and monitored effectively to protect patients and staff.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through consideration of their consultations, prescribing and referral decisions. The GP provider had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff in basic life support.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There

were plans to address any identified weaknesses, although this was lacking for patients over the age of 75. There was a plan to increase the uptake of health checks for patients with learning disabilities.

- The practice used information technology systems to monitor and improve the quality of care. The future of the practice was considered with information technology in mind.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support good outcomes for patients.

- 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 practice worked closely with another in the locality to offer a good availability of services.
- The practice continued with efforts to develop a patient participation group, which included actively contacting potential members and putting notices in the local pharmacy, although to date there was just one active member.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were plans to improve and develop the practice and the provider GP was open and responsive to feedback given by inspectors in relation to improvements that needed at the practice.

- The GP provider was aware of where improvements were needed and had already considered and taken steps to develop the management at the practice.
- Staff were supported in career development, although training required improvement.
- The practice made use of internal and external reviews of incidents and complaints and patients were referred as appropriate. Learning was shared and used to make improvements.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>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:</p> <ul style="list-style-type: none">• There had been no health checks completed in the last year for patients aged over 75.• There had been no health checks completed in the last year for patients with learning disabilities. <p>12 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

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.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable 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, in particular:</p> <ul style="list-style-type: none">• There was no central record of staff training and so the provider had failed to identify that staff had not received training in chaperoning, infection control, health and safety and safeguarding children and vulnerable adults; there was no system to regularly appraise staff. There was no record of the immunisation status of staff• Practice-specific safeguarding children and infection control policies were not available to staff;• Systems did not ensure safe recruitment for example in relation to conduct in previous employment.• Chaperones were not appropriately DBS checked or risk assessed as to their suitability for the role.• There were no systems to monitor the use of prescription stationery or ensure its security.• The infection control audit did not identify that there were no data sheets in the COSHH risk assessment and no action plan had been completed. <p>17 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>