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

<table>
<thead>
<tr>
<th>Overall rating for this location</th>
<th>Inadequate</th>
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<tr>
<td>Are services safe?</td>
<td>Inadequate</td>
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<tr>
<td>Are services effective?</td>
<td>Inadequate</td>
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<tr>
<td>Are services caring?</td>
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<tr>
<td>Are services responsive?</td>
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<tr>
<td>Are services well-led?</td>
<td>Inadequate</td>
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Overall summary

This practice is rated as inadequate overall.

(Previous inspection rating March 2018 – Inadequate overall)

The key questions are rated as:

Are services safe? – Inadequate
Are services effective? – Inadequate
Are services caring? – Requires improvement
Are services responsive? – Requires improvement
Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Dr Abul Kalam Mohammed Raziur Rahman on 21 March 2018. Breaches of legal requirements were found and after the inspection we issued requirement notices for Regulation 17: Good governance and Regulation 18 Staffing HSCA (RA) Regulations 2014. The service was placed into special measures.

The previous inspection reports for the service can be found by selecting the ‘all reports’ link for Dr Abul Kalam Mohammed Raziur Rahman on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 7 November 2018. The purpose of the inspection was to confirm if the service had made sufficient improvements and be removed from special measures.

At this inspection we found:

• There were some systems and processes in place to keep people safe such as the appropriate and safe use of medicines and safeguarding procedures. However, not all risks had been assessed and managed effectively. The system for identifying and managing significant events was not robust in order to learn and improve the service.

• At the time of the inspection verified data showed that the practice was below local and national averages for a number of Quality Outcome Framework (QOF) indicators such as diabetes and asthma reviews. In addition, the practice was below local and national averages for cervical screening, breast and bowel cancer screening and cancer detection rates.

• Patient feedback from the inspection was overall positive. However, results from the national GP patient survey showed that the practice achievement was below local and national averages for health care professionals showing care and concern. The practice had identified insufficient number of carers based on the practice list size. Confidentiality in consultation rooms was not maintained.

• Patients did not find the appointment system easy to use and were not always satisfied with the type of appointment offered.

• The complaints system was not robust and did not ensure complaints were recorded and responded to effectively.

• There was a lack of leadership oversight and an effective governance framework to monitor the quality and safety of the service provided.

• Systems and processes were not always embedded to ensure risks were assessed and managed. This resulted in gaps and inconsistencies in the delivery and quality of the service.

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.

This service was placed in special measures in March 2018. During this inspection, we identified that insufficient improvements had been made such that there remains a rating of inadequate for effective and well led. In addition, the practice is now rated inadequate for safe and requires improvement for caring and responsive. We have issued a warning notice to the provider for a breach in Regulation 17: Good governance and HSCA (RA) Regulations 2014.

I am extending the period of special measure for a further six months. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice
Population group ratings

<table>
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Our inspection team

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

Background to Dr Abul Kalam Mohammed Raziur Rahman

Dr Abul Kalam Mohammed Raziur Rahman also known as Marshall Street Surgery provides primary medical services to approximately 1,800 patients within the local community. The practice is located in a converted residential property with consultation rooms on the ground floor and the first floor.

The provider is a male GP and there are two long term locum GPs (one female and one male). The nursing team consists of an advanced nurse practitioner who provide up to four sessions a week and a practice nurse who provides two sessions per week. The practice manager is also the business manager and is supported by a team of four administrative staff.

The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract allows the practice to deliver primary care services to the local communities. The practice provides GP services commissioned by NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area with high levels of deprivation with a score of level one. Level one represents the most deprived areas and level 10, the least deprived.

The practice has a higher than average age practice population aged 18 years and under compared to the local and national average.

The main practice is open from 8am to 6.30pm Monday to Friday, with appointments available between 9am to 11.30am and 4pm to 6.30pm. Extended hours opening is 6.30pm to 8pm Mondays to Fridays, 9am to 12pm Saturdays and 9am to 11.30am Sundays as part of the local GP federation extended opening hours initiative.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by an external out-of-hours service provider when closed.
We inspected the practice in March 2018, we rated the practice as requires improvement for providing safe services. Patients were at risk of harm because systems and processes were not in place to keep them safe. This included a lack of robust health and safety risk assessments and effective recruitment procedures. We were unable to confirm if learning from incidents were shared with staff.

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- Not all risks had been assessed and managed, such as health and safety, infection prevention and control and recruitment.
- Newly appointed non-clinical staff lacked guidance to ensure they were able to identify an acutely unwell patient when taking requests for appointments and home visits over the phone.
- Risk assessments often lacked detail to ensure effective management of the risk. For example, fire.

Safety systems and processes

The practice had some systems in place to keep people safe and safeguarded from abuse. However, not all risks had been assessed and managed.

- 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. There was evidence of multi-disciplinary team meetings with the Health Visitor.
- The practice had made some improvements to the system for obtaining and recording appropriate staff checks undertaken at the time of recruitment and on an ongoing basis. However, there were still gaps in the process; the practice was unable to demonstrate that vaccination records for all staff employed or contracted by the practice.
  - There was a system to manage infection prevention and control. However, there were no cleaning records for clinical equipment used daily. The legionella risk assessment had not been completed by a competent person. The infection prevention audit was not comprehensive.
  - The practice had arrangements to ensure that equipment was in good working order.
  - Individual risks associated with the facilities and premises had not been fully assessed. There was no overall health and safety assessment and the fire risk assessment was not comprehensive. Fire extinguishers had not been checked to ensure they were in good working order.
  - Arrangements for managing waste and clinical specimens did not always keep people safe. The infection prevention and control audit did not include the management of clinical waste to provide assurance of quality and safety.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety. However, there were gaps and inconsistencies.

- 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 clinical staff tailored to their role. However, the induction for newly appointed non-clinical staff was not fully effective as it did not ensure staff understood their responsibilities to recognise those in need of urgent medical attention when speaking to patients on the phone.
- The practice was equipped to deal with medical emergencies and staff were trained in dealing with medical emergencies which may occur. However, they had not received appropriate guidance on recognising signs of acutely unwell patients when speaking to patients on the phone.
- Clinicians knew how to identify and manage patients with severe infections including sepsis.
Are services safe?

- The practice had not fully considered the risks associated with the appointment of all new reception staff.

**Information to deliver safe care and treatment**

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

- There was a documented approach to managing test results. However, we saw that clinical information relating to patients' care and treatment was recorded in a paper diary by reception staff and not in the patients' records. We were unable to trace a request for a scan for one patient from the details recorded in the diary.
- 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 reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The practice had low levels of antibiotic prescribing compared with the local and national average.
- 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**

There was a lack of effective systems in place to identify and monitor risks to patient safety.

- The risk assessments in relation to safety issues were not comprehensive.
- The practice monitored and reviewed activity. However, these were not fully effective in helping the practice understand risks and provide a clear, accurate picture of safety to ensure safety improvements were implemented and sustained.

**Lessons learned and improvements made**

There was some evidence that 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 some systems for reviewing and investigating when things went wrong. The practice learned and shared lessons in team meetings and we saw evidence of this. However, the system for recording and sharing significant events was inconsistent. We saw evidence of incidents that had not been recorded or managed as significant events.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.
We inspected the practice in March 2018, we rated the practice as inadequate for providing effective services. The practice’s Quality and Outcomes Framework (QOF) achievement was below local and national averages. There was no structured approach to improve achievement.

We rated the practice as inadequate for providing effective services overall and across population groups, Working age people (including those recently retired and students) and People experiencing poor mental health (including people with dementia). People with long-term conditions and Families, children and young people population groups have been rated as Requires Improvement.

The practice was rated as inadequate for providing effective services because:

• At the time of the inspection, verified data showed that the practice was below local and national averages for a number of QOF indicators such as diabetes and asthma reviews. In addition, the practice was below local and national averages for the uptake of cervical screening, breast and bowel cancer screening and cancer detection rates. There was no structured formal process in place to ensure the practice reviewed the effectiveness and appropriateness of the care it provided and the practice was unable to demonstrate improvements from the previous inspection.

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 line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

• We saw no evidence of discrimination when making care and treatment decisions.
• Clinical staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated good however, the overall rating for this population group is requires improvement as responsive is rated as requires improvement and the concerns identified effect all the population groups.

• 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 inadequate.

• Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. However, verified QOF data showed that the practice was below local and national averages for diabetes indicators and asthma reviews with no significant improvement since the previous inspection.
• 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.

Families, children and young people:

This population group was rated inadequate

• Verified data showed that childhood immunisation uptake rates were below the target percentage of 90%, based on The World Health Organisation (WHO) standard. Unverified data provided by the practice indicated that the practice had achieved this target. Unverified data provided by the practice indicated that the practice had met these targets.
• The practice had arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation.

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

This population group was rated inadequate.
Are services effective?

- Verified data showed that the practice’s uptake for cervical screening was 65%, which was below the 80% coverage target for the national screening programme. The practice followed up women who did not attend and had completed an audit to help improve uptake. However, at the time of the inspection significant improvements had not been made.
- The practice’s uptake for breast and bowel cancer screening was below the local and national averages and had not improved since the previous inspection. The practice was aware of this and told us that this was due to the patient demographics. The practice demonstrated that they were encouraging attendance although we did not see a structured formal approach to improve uptake.
- The practices detection rate for cancer was also below the 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.

People whose circumstances make them vulnerable:

This population group was rated good however, the overall rating for this population group is requires improvement as responsive is rated as requires improvement and the concerns identified effect all the population groups.

- 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 or mental health need.
- 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):

This population group was rated inadequate.

- 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. There was a system for following up patients who failed to attend for administration of long term medication.
- 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.
- Verified QOF data showed that practice was below local and national averages for patients with mental health needs having a comprehensive agreed care plan documented in their records.

Monitoring care and treatment

- Quality and Outcomes Framework (QOF) data showed that patient outcomes were below local and national averages in a number of QOF indicators.
- The practice did not have an effective system to use information about care and treatment to make improvements.
- The practice was involved in some quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Clinical staff had the skills, knowledge and experience to carry out their roles. However, newly appointed non-clinical staff required further guidance and support from the practice.

- 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 had provided staff with protected time for training. Records of skills, qualifications and training were available however, there was no overall recording system, the practice told us that this was being developed.
There was an induction programme for new staff. This included informal one to one meetings and appraisals. However, there were gaps in the induction training for non-clinical staff.

Since our last inspection, the practice had implemented a system for supporting and managing staff when their performance required improvement.

Coordinating care and treatment
Staff worked together and with other health and social care professionals to deliver effective 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 supported and encouraged patients to live healthier lives.

- The practice identified patients who may need 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 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.
We inspected the practice in March 2018, we rated the practice as good for providing caring services. However, we told the provider that they should provide appropriate information for carers to access other services locally. We also told the provider to take appropriate action to protect patient confidentiality during consultations.

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

- On the day of the inspection the overall feedback from patients showed that staff were kind, caring and helpful and patients were treated with dignity and respect. However, the practice was below local and national averages in a number of areas in the recent national GP survey. The practice had not taken appropriate action to maintain confidentiality in consultation rooms. The number of carers identified by the practice was less than 1% of the practice list and had reduced since the previous inspection.

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 results of the national GP survey 2018 showed that patient feedback relating to health care professionals treating patients with care and concern and patients overall experience of the service was below the local and national averages.

Involvement in decisions about care and treatment

Staff supported patients to understand their care and treatment.

- Staff communicated with people in a way that they could understand, for example, accessing interpreters when required.
- Staff helped patients and their carers find further information and access community services. There was information for carers in the patient waiting area.
- The practice provided advice and support for carers. However, the practice had identified 0.8% of the practice population as carers (less than 1%). This had seen a decrease from 2% from the previous inspection.
- The results of the national GP survey 2018 showed that patients feedback on questions relating to being involved in decisions about their care and treatment was below the local and national average.

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.
- Conversations in consultation rooms could still be being heard in areas such as the corridors. The provider was exploring ways to manage this.

Please refer to the evidence tables for further information.
Are services responsive to people’s needs?

We inspected the practice in March 2018, we rated the practice as good for providing responsive services.

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

The practice was rated as requires improvement for responsive because:

- Patients were not always able to access the service in a timely manner. The results of the national GP survey results showed that the practice was below local and national averages in areas such as making appointments and the types of appointments offered. The complaints system was not robust.

**Responding to and meeting people’s needs**

The practice delivered services to meet patients’ needs however, there were areas that lacked oversight and improvements were required.

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. However, the practice had not completed an equality access assessment to ensure reasonable adjustments had been made for patients with mobility issues and require the use of a wheelchair.
- 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.

**Older people:**

This population group was rated requires improvement.

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

**People with long-term conditions:**

This population group was rated requires improvement however, the overall rating for this population group is inadequate as effective is rated as inadequate and the concerns identified effect all the population groups.

- 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.
- The practice held meetings with the multi-disciplinary team to discuss and manage the needs of patients with complex medical issues.

**Families, children and young people:**

This population group was rated requires improvement however, the overall rating for this population group is inadequate as effective is rated as inadequate and the concerns identified effect all the population groups.

- 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.
- 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):**

This population group was rated requires improvement however, the overall rating for this population group is inadequate as effective is rated as inadequate and the concerns identified effect all the population groups.

- 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 and weekend appointments.

**People whose circumstances make them vulnerable:**
Are services responsive to people’s needs?

This population group was rated requires improvement.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and experiencing poor mental health.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.

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

This population group was rated requires improvement, however, the overall rating for this population group is inadequate as effective is rated as inadequate and the concerns identified effect all the population groups.

- Staff interviewed understood how to support patients with mental health needs and those patients living with dementia.
- Patients with mental health needs were offered health reviews to assess their overall health.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

**Timely access to care and treatment**

Patients felt they were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Home visits were available for elderly or housebound patients.
- Some patients reported that the appointment system was not easy to use, they told us that they had experienced difficulties accessing routine appointments.
- The results of the national GP survey 2018, showed that getting through to the practice by telephone was comparable to the local and national average. However, patients overall experience of making an appointment and the types of appointment offered was below the local and national averages.

**Listening and learning from concerns and complaints**

The practice did not have an effective system to record and respond to complaints to help improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. However, the policy was not reflected in practice. We saw that not all complaints had been recorded and logged in the practices complaints register, the practice was unable to demonstrate that all complaints had been responded to, or the actions taken and learning shared.

Please refer to the evidence tables for further information.
We inspected the practice in March 2018, we rated the practice as inadequate for providing safe and well-led services and issued requirement notices. The practice did not have established or effective systems and processes in place to support the delivery of good quality care and to enable the practice to identify and monitor risks. This was reflected by a lack of robust systems, processes and oversight in areas such as recruitment, staff training, health and safety, learning from complaints and significant events and QOF achievement.

During this inspection, we found some changes had been implemented for example, staff had received training and an appraisal, new clinical and non-clinical staff had been recruited. However, not all areas that required improvement had been fully addressed.

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

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

- There was a lack of effective leadership and oversight to ensure good governance.
- Systems and processes were not always embedded to ensure risks were assessed and managed.
- There was insufficient improvement since our last inspection in March 2018

Leadership capacity and capability

Leaders had insufficient capacity to ensure systems and processes were in place to deliver a high quality service consistently.

- Leaders were aware of the issues and priorities relating to the quality and future of services and were committed to addressing them.
- Leaders at all levels were visible and approachable.
- The practice was developing processes to ensure leadership capacity and skills, including the recruitment of staff and planning for the future leadership of the practice. However, at the time of the inspection these changes were not embedded.
- There was evidence of improvements made since the previous inspections. However, not all areas had been fully addressed.
- There was a lack of robust systems to monitor the quality and effectiveness of the service and the care provided.

- There was a lack of governance oversight to ensure consistency in practice and the effective assessment and management of risks.

Vision and strategy

The practice had a vision and was committed to delivering good quality, sustainable care.

- The practice 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.
- There was a vision and set of values, staff were aware of and understood the vision, values. However, there was lack of effective leadership to ensure the vision and values were monitored and delivered consistently.

Culture

A culture of open and honesty was encouraged with the aim to deliver high-quality sustainable care.

- Staff stated they felt respected, supported and valued and felt confident to raise concerns.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were encouraged. However, the complaints system was not robust and not aligned with the culture in the practice.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they needed. This included training, appraisals and support to meet the requirements of professional revalidation where necessary. However, there were gaps in the training and monitoring for newly appointed non-clinical staff.
- The complaints system was not aligned with the culture in the practice and was not robust. The practice was unable to demonstrate the reliable management of complaints.

Governance arrangements

The systems of accountability to support good governance and management lacked effective oversight.
Are services well-led?

- Structures, processes and systems to support good governance and management were not always clearly set out, understood and effective. For example, we saw a number of significant events that had not been recorded or actioned.
- Staff were clear on their roles and accountabilities in areas such as safeguarding and infection prevention and control. However, there were gaps and inconsistencies. Some staff were not clear on recognising urgent medical needs when taking calls from patients. We saw two Patient Group Directions (PGDs) that did not have appropriate authorisation.
- Practice leaders had established policies, procedures to ensure safety and assured themselves that they were operating as intended. However, there was a lack of effective quality monitoring systems and policies were not always embedded resulting in inconsistencies. For example, there were gaps in the recruitment process, the complaints process did not always reflect the policy. The infection prevention and control audit did not cover areas relating to clinical waste and staff vaccination.
- The practice was below local and national averages for a number of QOF indicators such as diabetes and asthma reviews. In addition, the practice was below local and national averages for the uptake of cervical screening, breast and bowel cancer screening and detection rates. There was no structured formal process in place to ensure the practice reviewed the effectiveness and appropriateness of the care it provided and the practice was unable to demonstrate improvements from the previous inspection.
- The practice had not taken action to ensure patient confidentiality in consultation rooms was maintained.
- Practice leaders had recruited additional staff to increase management capacity.

Managing risks, issues and performance

There were processes for managing risks, issues and performance, however, some were not clear or effective.

- There were systems and processes in place to identify, understand, monitor and address current and future risks including risks to patient safety. For example, patient safety alerts. However, there were gaps and inconsistencies such as recruitment, infection prevention and control and health and safety.

- Practice leaders did not always have oversight of potential risks such as complaints and the level of support and supervision for newly appointed non-clinical staff.
- There was some evidence of action to change practice to improve quality.
- The practice had plans in place for major incidents. Staff had not received training but were aware of what to do in the event.

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

- Quality and operational information was not always used to ensure and improve performance.
- The information used to monitor performance and the delivery of quality care was not always accurate and useful. There were no formal plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

There was a lack of consistent engagement with patients, the public, staff and external partners to support high-quality sustainable services.

- The practice had not completed an internal survey and it was difficult to see how the practice was improving patients experience of the service.
- Patients views and concerns were encouraged however, the lack of a robust complaints system meant that these may not always heard or acted on to shape services and culture.
- There was a patient participation group (PPG) and evidence of some engagement with the practice and patients, although no practice specific patient surveys had been undertaken by the PPG and meetings were not consistent.

Continuous improvement and innovation

There was some evidence of systems and processes for learning and continuous improvement.
Are services well-led?

- Learning and improvement was encouraged through staff appraisals and meetings. However, the lack of a formal monitoring system for staff training did not ensure training needs could be easily identified and acted on.
- The practice made use of internal and external reviews of incidents and patient safety alerts. Learning was shared and used to make improvements.
- Clinical audits provided opportunity to learn and improve.
- There was a lack of evidence to demonstrate innovative practice.

Please refer to the evidence tables for further information.
**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. We took enforcement action because the quality of healthcare required significant improvement.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 17 HSCA (RA) Regulations 2014 Good governance</td>
</tr>
<tr>
<td>Maternity and midwifery services</td>
<td>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td><strong>How the regulation was not being met.</strong></td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>There were a lack of effective systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</td>
</tr>
<tr>
<td></td>
<td>• We did not see any evidence of vaccination records for all staff employed or contracted by the practice.</td>
</tr>
<tr>
<td></td>
<td>• Not all risks had been assessed and managed effectively including fire, health and safety, infection prevention and control, legionella and access for patients with a disability.</td>
</tr>
<tr>
<td></td>
<td>• Receptionists were not aware of the signs of an acutely unwell patient when taking phone calls from patients and had not been given guidance on identifying such patients.</td>
</tr>
<tr>
<td></td>
<td>• Clinical information relating to patients care and treatment was not always recorded in a manner which provided a clear audit trail and assurance of the actions taken.</td>
</tr>
<tr>
<td></td>
<td>• The provider was unable to demonstrate an oversight of the processes to manage risks such as the reporting and recording of significant events.</td>
</tr>
<tr>
<td></td>
<td>• Patient confidentiality was not maintained in consultation rooms.</td>
</tr>
</tbody>
</table>
There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- There was no structured formal process in place to ensure the practice reviewed the effectiveness and appropriateness of the care provided.
- The complaints system was not robust to ensure an effective response to complaints in order to learn and improve the service.
- There was no effective system in place to obtain patient feedback to improve the service.
- There was a lack of leadership oversight and insufficient capacity to implement and sustain improvements. Structures, processes and systems to support good governance were not fully effective.