

Care Quality Commission

Inspection Evidence Table

St Neots Health Centre (1-498169922)

Inspection date: **27 June 2019**

Date of data download: 28 May 2019

Overall rating: Requires Improvement

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Requires improvement

At this inspection we have rated the provider as **requires improvement** for providing safe services because:

- The practice did not have the recommended emergency medicines available and had not risk assessed this.
- The system and process in place did not demonstrate that all safety alerts were managed consistently to ensure they were all acted upon and monitored.

Safety systems and processes

The practice had some systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes

Safeguarding	Y/N/Partial
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 6 June 2019	Yes
There was a record of equipment calibration. Date of last calibration: 6 June 2019	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: January 2019	Yes
There was a log of fire drills. Date of last drill: 29 May 2019	Yes
There was a record of fire alarm checks. Date of last check: 26 June 2019	Yes
There was a record of fire training for staff. Date of last training: Various dates as uses e-learning	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 18 January 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 13 June 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 13 June 2019	Yes
Explanation of any answers and additional evidence: Other risk assessments included the management of legionella.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted, and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

The practice had some systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	1.55	0.94	0.88	Significant Variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	8.4%	11.3%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>	4.78	5.86	5.61	Tending towards variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>	2.69	2.08	2.07	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Partial ¹
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	No ²
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. The practice recognised the higher use of some antibiotics, they were working with the CCG medicines team and audits had been undertaken. For example, an audit regarding prescribing broad-spectrum antibacterial medicines was undertaken. The first cycle in October 2018 which showed the practice prescribed 25% of broad spectrum antibacterial for an indication in line with the CCG guidance. The second cycle in April 2019 showed this had improved to 63%. The practice discussed the findings at clinical meetings and implemented actions including removing the medicines from repeat prescription record. 2. The practice offered a contraceptive clinic and fitted coils and implants. The practice had failed to ensure an emergency medicine that may be required in the event of an emergency whilst carrying out these procedures was not available. The practice took immediate action and ensured the medicine was available before any further clinics were offered. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes

There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Eight
Number of events that required action:	Eight

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Late diagnosis of patient with long term condition.	The practice investigated the delay. Opportunities had been missed to capture the clinical information to make an earlier diagnosis. This was discussed at clinical meeting and learning shared. Additional information and training in respect of the blood tests needed for each condition was due to be given to staff to ensure patients with more than one condition were reviewed appropriately.
Patient did not have regular medication after cancelling an appointment for review.	All requests for medications for patient overdue a review should be passed to the GPs to access if a supply should be given. Event discussed with non-clinical staff.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial ¹
Staff understood how to deal with alerts.	Partial ¹
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> The system and process in place did not demonstrate that all safety alerts were managed consistently to ensure they were all acted upon and monitored. We found some alerts had been actioned or partially actioned and some had not been actioned. For example, on the day of the inspection, we found the practice had undertaken a review of patients on a medicine (Carbimazole) that had risks for patients taking this medicine and of child bearing age and for those who had pancreatitis. The practice had reviewed all patients of child bearing age but had not reviewed those patients with pancreatitis. In relation to an alert for a medicine (Tegatogenic) and associated risks, the practice had been unable to evidence they had received the alert. We did not find any patients at risk. The practice took immediate action to ensure they were signed up to receive all alerts and to review any alerts missed and action as required. 	

Effective

Rating: requires improvement

At this inspection we have rated the practice as **requires improvement** overall for all the population groups except families, children and young people which we have rated as good. Therefore, the effective domain has been rated as **requires improvement** because:

- Not all patients with a learning disability had received an annual review and the practice had missed the opportunity to complete a review or encourage attendance when the patient had attended the practice on other occasions.
- The practice Quality and Outcome Framework (QOF) for 2017/2018 and the unverified data for 2018/2019 the practice shared with us showed high exception reporting in some areas. The practice had not recognised this and had not reviewed the information and therefore, did not have a plan in place to ensure all patients were followed up in a timely manner. This affected all patients in the population groups rated as requires improvement.
- The recall system was not wholly effective as it did not ensure clinical staff would undertake opportunistic reviews of vulnerable patients when they attended the practice.
- The practice performance in relation to cervical screening was 67%, this was below the CCG average of 71% and the national average of 72%. The practice up take for breast and bowel screening was below the CCG and national averages.

Effective needs assessment, care and treatment

Not all patients' needs were fully assessed. Care and treatment was generally delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial ¹
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial ²
There were appropriate referral pathways in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence:	
1. The practice told us they had completed 79% of annual reviews for this group of patients. However, we found that the practice had missed opportunities to review some of the patients who had not responded to the three invites sent. For example, we saw that patients had attended the practice for face to face reviews with clinical staff on many occasions, but they had not received their annual review of their physical and mental well-being.	
2. The practice Quality and Outcome framework for 2017/2018 showed high exception reporting in some areas. For example, for those patients with COPD and those who may be experiencing poor	

mental health. The practice told us they invited the patients into the practice three times before excepting them; however, some records we viewed showed the patients had attended the practice at other times and the opportunity to review or encourage attendance had been missed. Unverified QOF data for 2018/2019 the practice shared with us showed there remained areas of high exception reporting. On the day of the inspection, the practice was not aware of this and therefore had no plan in place to review and put systems in place to encourage improvement.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.58	0.82	0.77	No statistical variation

Older people

Population group rating: Requires improvement

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- 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

Population group rating: requires improvement

Findings

- Not all patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. We found the practice had high exception reporting in some areas. For example, for patients with COPD and diabetes.
- 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.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
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	80.2%	80.5%	78.8%	No statistical variation

months (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	27.5% (44)	15.7%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.4%	74.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	36.3% (58)	11.9%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.9%	79.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	23.8% (38)	15.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.2%	76.2%	76.0%	Variation (positive)
Exception rate (number of exceptions).	20.7% (64)	7.9%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.1%	90.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	30.1% (22)	13.6%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	87.5%	82.2%	82.6%	No statistical variation
Exception rate (number of exceptions).	17.6% (82)	4.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	100.0%	90.8%	90.0%	Variation (positive)
Exception rate (number of exceptions).	6.3% (2)	7.6%	6.7%	N/A

Any additional evidence or comments

QOF 2018/2019 unverified data shared with us by the practice showed the practice had sustained the high achievement, however exception reporting remained high. For example, across the indicators for diabetes the practice exception rate was 17% and for COPD the exception rate was 24%.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	99	109	90.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	134	139	96.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	135	139	97.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	135	139	97.1%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- The practice undertook health assessments and checks including NHS checks for patients aged 40 to 74 if the patient requested them. On the day of the inspection the practice did not have a system to proactively invite patients for assessments. The practice had completed 18 NHS health checks in the previous 12 months.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice performance in relation to cervical screening was 67% this was below the CCG average of 71% and the national average of 72%. The practice up take for breast and bowel screening was below the CCG and national averages.

Cancer Indicators	Practice	CCG	England	England
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		average	average	comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	67.4%	70.9%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	57.7%	73.4%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	48.6%	56.9%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	47.1%	63.0%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	57.9%	60.6%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- 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 had not completed annual reviews for all patients with a learning disability and had missed the opportunity to review some patients who had attended the practice many times throughout the past 12 months.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings

- The practice assessed and monitored the physical health of some 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.

- The practice performance in relation to the Quality and Outcome Framework 2017/2018 and unverified data for 2018/2019 showed high exception reporting for this group of patients. The practice sent three invites to patients before adding the exception code. However, the recall system did not ensure that patients would be review opportunistically when they attended the practice at other times.
- 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.
- 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.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	91.0%	89.5%	Variation (positive)
Exception rate (number of exceptions).	22.2% (8)	13.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.4%	89.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	22.2% (8)	11.7%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	85.0%	83.0%	Variation (positive)
Exception rate (number of exceptions).	0 (0)	6.6%	6.6%	N/A

Any additional evidence or comments

Unverified data shared with us for the practice QOF performance 2018/2019 showed the practice had sustained the 100% achievement for mental health indicators. Exception reporting ranged from 0% to 22% for indicators relating to mental health.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553.6	543.0	537.5
Overall QOF exception reporting (all domains)	11.5%	6.5%	5.8%
Any additional evidence or comments			
Unverified QOF data for 2018/2019 showed the practice had sustained their high performance, however their overall exception reporting had risen to 14%.			

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<p>The practice undertook some audits to improve quality for example;</p> <ul style="list-style-type: none"> An audit was undertaken in relation to female patients taking a medicine (Carbimazole) and potential risks in pregnancy. The first cycle was completed 29 March 2019 which identified three patients. The second cycle undertaken in 24 June 2019 showed there was two additional patients identified. The patients were reviewed and given information leaflets.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses and health care assistants.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

Helping patients to live healthier lives

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

	Y/N/Partial
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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.2%	95.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.2% (11)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	13
Number of CQC comments received which were positive about the service.	13
Number of comments cards received which were mixed about the service.	Zero
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
Comments Cards	All the comment cards we received had positive comments about the care and treatment given by various members of staff.
NHS choices	In the past 12 months, six reviews of four and five stars had been posted with positive comments reflecting friendly, caring staff.
Patient interviews	Patients we spoke with were complimentary about the staff working in the practice.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6434	375	110	29.29%	1.71%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	84.3%	90.5%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	80.0%	89.1%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	91.4%	96.3%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	80.3%	85.6%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Any additional evidence

The practice, supported by their Patient Participation Group, had undertaken a review of the GP patient survey data and had conducted their own survey. Actions the practice had taken to sustain and further improve their performance included adding additional appointments for patients to be able to have a telephone consultation with their preferred doctor. The practice recognised they used several locum clinicians and to increase patient satisfaction they were using regular staff whenever possible.

The practice also collected feedback by using the family and friends test where they consistently achieved high scores. For example, in March 2019 and April 2019, most patients were extremely likely to recommend the practice.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Comment cards	Some of the comment cards we received commented that they had felt listened to and were involved in the care and treatment decisions.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	93.7%	94.6%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 83 patients (approximately 1.2% of the practice population) as carers with seven of these being young carers.
How the practice supported carers.	67% of carers had received an annual review. Staff were able to sign post patients to local support group.
How the practice supported recently bereaved patients.	GPs contacted bereaved patients and arranged appointments or home visits as appropriate.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 8pm
Tuesday	8am to 8pm
Wednesday	8am to 8pm
Thursday	8am to 8pm
Friday	8am to 8pm
Saturdays	9am to 4pm
Appointments available: The practice offered a walk-in service for their patients and those from other practices. Appointments for patients who attended without pre-booking an appointment were available from 8am to 9am each morning and from 6pm to 8pm each evening. In addition, the practice booked appointments for patients at the local GP hub provided by the local federation.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6434	375	110	29.29%	1.71%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	86.2%	95.5%	94.8%	Tending towards variation (negative)

Any additional evidence or comments

The practice was aware of the lower satisfaction for this indicator. They told us they used several locum GPs but were ensuring, where possible, they used regular GPs to improve continuity of care. They told us this would increase the opportunity for patients to see the GP of their choice.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived. The practice used locum GPs and were where possible ensuring they were regular GP locums to maximise continuity of care.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Telephone consultations were available for patients who wished to seek advice this way.

People with long-term conditions

Population group rating: Good

Findings

- The system used for patients with multiple conditions did not always allow their needs to be reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- Appointments for routine reviews was available at weekends and evenings either at the practice or within the GP hub.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 8pm for school age children so that they did not need to miss school.
- 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 were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- 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.
- The practice was open until 8pm on a Monday and Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday until 4pm.
- Telephone consultations were available for patients who wished to seek advice this way.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	83.3%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	73.5%	74.1%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	72.4%	69.3%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	70.0%	79.7%	74.4%	No statistical variation

Source	Feedback
Comment Cards	Some comment cards we received reflected that patients were able to access appointments easily. However, there were some delays in booking appointments in advance with a GP of their choice.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	Nine
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient reported poor care by non-clinical staff.	The practice investigated the issue and held a one to one review meeting with the staff member concerned. Additional training was given to ensure the staff member was fully aware of their role and responsibility.
Patient reported poor communication by GP	The practice held an interview with the GP concerned. The GP responded to the complaint with an explanation of their consultation and an apology acknowledging the patient had found the communication was difficult.

Well-led

Rating: Requires Improvement

At this inspection we have rated the practice as **requires improvement** for providing well led services because;

- On the day of the inspection some staff we spoke with told us they had little knowledge of the senior management team within the provider organisation Malling Health (UK) Ltd.
- Systems and processes did not always support good governance; for example, in relation to emergency medicines and safety alerts.
- Systems and processes did not always support the management of performance, for example in relation to outcomes for patients as demonstrated in the Quality and Outcomes Framework and high exception reporting rates.
- The practice had not ensured the recall system for patients was effective as some patients had attended the practice on many other occasions and had not received complete and appropriate reviews.

Leadership capacity and capability

Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial ¹
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Partial ²
There was a leadership development programme, including a succession plan.	No ³
Explanation of any answers and additional evidence: 1. Leaders working within the practice demonstrated they understood the challenges they faced. They told us their contract with the CCG was out to tender and the challenges this presented. On the day of the inspection there was no representative from the provider management team (Malling Health Ltd) and therefore we were unable to discuss this with them. 2. Staff we spoke with told us the leaders within the practice were approachable and supportive to the staff. However, staff we spoke with told us that there was little contact with the provider and some staff did not know who the next line of management were. 3. There was little evidence of a clear succession plan. Staff told us the uncertainty of their contract did not help this. We did not receive any information relating to this from the senior management team with Malling Health (UK) Ltd.	

Vision and strategy

The practice had a vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
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The staff within the practice told us they had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Partial ¹
<p>Explanation of any answers and additional evidence:</p> <p>1. Staff explained the uncertainty of their contract had an impact on their strategy but staff within the practice demonstrated they had a vision to offer high quality care to patients.</p>	

Culture

The practice culture did not always effectively support high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes ¹
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1. Practice staff we spoke with told us they had no fear raising issues with management within the practice and would report incidents to the practice manager. However, some staff reported they did not know who to report concerns to if they wished to report concerns directly to the management team within Malling Health (UK) Ltd.</p>	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	<p>"I really enjoy my role and the team I work with."</p> <p>"I am looking forward to developing new skills to ensure patients are reviewed regularly."</p>

Governance arrangements

There were some clear responsibilities, roles and systems of accountability to

support good governance and management within the practice.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff within the practice were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial ¹
There were processes to manage performance.	Yes
There was a programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial ²
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: 1. There were some systems within the practice to ensure effective process for managing risk, issues and performance but there were gaps in these systems. For example, there was no risk assessment in place to ensure all appropriate emergency medicines were available. 2. The system in place did not ensure all safety alerts were consistently managed to ensure actions were taken and results monitored.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Partial ¹
Performance information was used to hold staff and management to account.	Partial ²
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial ³
Staff whose responsibilities included making statutory notifications understood what this	Yes

entails.	
Explanation of any answers and additional evidence: 1. The practice had not reviewed their performance in relation to the Quality and Outcome Framework for 2017/2018 and 2018/2019 to identify and mitigate the risks of areas of high exception reporting. Opportunities had been missed to review some patients before they had been excepted from the QOF indicator. 2&3. Senior managers had not identified the system and process used with the practice had not reviewed their performance to address the areas where improvements maybe made.	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Feedback from Patient Participation Group.

Feedback
The practice engaged and received feedback from patients. This feedback was discussed within team meetings and included negative and positive feedback. We spoke with a member of the PPG group who was positive about the practice and the care and treatment given. The practice continued to encourage patients to join the group.

Continuous improvement and innovation

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

	Y/N/Partial
There was a focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice was engaged with other local practices and forming a local primary Care Network (PCN). Staff we spoke with told us they were looking forward to the opportunity to widen their skill mix for example having additional pharmacist and social prescribing resources available.	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to

the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.