Care Quality Commission

Inspection Evidence Table

The Pinner Road Surgery (1-4132285327)

Inspection date: 19 June 2019

Date of data download: 07 June 2019

Overall rating: Requires improvement

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

Safe   Rating: Requires improvement

At the previous inspection in May 2018, we rated the practice as requires improvement for providing safe services because:

- The practice was unable to produce evidence that all staff had received up-to-date safeguarding and safety training appropriate to their role.
- The practice had not always carried out appropriate staff checks at the time of recruitment.
- The practice was unable to provide documentary evidence that staff vaccination was maintained in line with current Public Health Guidance (PHE) guidance.
- Fire safety risk assessment was out of date and the practice was unable to demonstrate that all actions required in response to current fire safety risk assessment were completed in a timely manner to address the risks identified in the risk assessment.
- Blank prescription forms for use in printers were not handled in accordance with national guidance.

At this inspection in June 2019, we found that the practice had demonstrated improvement and addressed most areas, however, we found some additional issues and it was required to make further improvements and is rated requires improvement for providing safe services because:

- Fridge temperatures were not always adequately monitored.
- The practice had not identified and raised concerns and reported incidents when fridge temperatures were recorded higher or lower than the recommended range.
- The practice did not have a paediatric pulse oximeter which could be required to enable assessment of a child patient with presumed sepsis.
- The practice was unable to provide evidence of regular fire drills.
- We found expired products and several opened and partially used items.
- The practice was unable to provide documentary evidence of an asbestos survey. This issue was highlighted during the previous inspection.
- Safeguarding policies were recently reviewed, but they did not include up to date details.

Safety systems and processes

The practice had most 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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Partial
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
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.	Y
Explanation of any answers and additional evidence:	
- We noted safeguarding policies did not include the correct name of a lead member of staff for safeguarding processes and procedures. However, the staff we spoke with knew who the lead member of staff was for safeguarding and lead responsibilities were correctly displayed on the poster in every room. - Safeguarding children policy was recently reviewed. However, it had not been updated correctly and did not include level three child safeguarding training requirement for the practice nurses, in line with intercollegiate guidance for all staff working in healthcare settings. All staff had received up-to-date safeguarding and safety training appropriate to their role.	

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

Staff had any necessary medical indemnity insurance.	Y

Explanation of any answers and additional evidence:
- The seven staff files we reviewed demonstrated that appropriate recruitment checks had been undertaken prior to employment in accordance with regulations.

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: 11 April 2019.	Y
There was a record of equipment calibration. Date of last calibration: 11 April 2019.	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: December 2018.	Y
There was a log of fire drills. Date of last drill:	N
There was a record of fire alarm checks. Date of last check: 13 June 2019.	Y
There was a record of fire training for staff. Date of last training: June 2019.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: January 2019.	Y
Actions from fire risk assessment were identified and completed.	Partial

Explanation of any answers and additional evidence:
- The practice had taken steps to improve fire safety arrangements in the premises. The electronic fire detection and the alarm system was installed at the premises. They had installed a new rear fire exit door which was fitted with a push bar system, however, it did not have a ramp to evacuate patients with mobility problems.
- An internal fire risk assessment was carried out by one of the practice's staff. The practice had developed an action plan to complete all actions required by December 2019.
- The practice was carrying out regular smoke alarm checks. However, the practice was unable to provide evidence of regular fire drills.
- Emergency lighting was not installed but they had two portable torches available at the premises.
- A fire marshal had received enhanced fire safety training relevant to their role.
- Fire system was serviced in March 2019.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: May 2019.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: May 2019.	Y
Explanation of any answers and additional evidence: • Health and safety policy was reviewed in January 2019. • Electrical installation condition inspection was carried out on 29 July 2016. • Gas boiler was serviced on 17 June 2019. • The practice was unable to provide documentary evidence of an asbestos survey. This issue was highlighted during the previous inspection.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 27 November 2018.	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: • The practice had up to date legionella risk assessment (May 2019) in place and regular water temperature checks had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).	

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, some improvements were required.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely	Y

unwell patient and had been given guidance on identifying such patients.	
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Partial
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Explanation of any answers and additional evidence:
- The practice did not have a paediatric pulse oximeter which could be required to enable assessment of a child patient with presumed sepsis. However, we noted the provider had placed an online order on the day of the inspection.
- The practice operated a system to organise annual leave and cover for unexpected absences.
- We noted the next pre-bookable appointment with the practice nurse was available three weeks later.
- All requests for home visits were triaged by the duty GP.
- There were public awareness posters in the waiting area and on the screen.

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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
Explanation of any answers and additional evidence:	

- All test results and referrals were managed and checked on a regular basis to ensure all were appropriate and actioned. Any abnormal or concerning test results were actioned by one of the clinicians in a timely manner.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. However, some improvements were required.

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) (NHS Business Service Authority - NHSBSA)	0.51	0.72	0.88	Significant Variation (positive)
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) (NHSBSA)	3.8%	12.1%	8.7%	Variation (positive)
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) (NHSBSA)	4.42	6.25	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) (NHSBSA)	0.48	0.96	2.07	Significant Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Partial
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y
There was a process for monitoring patients' health in relation to the use of medicines	Y

Medicines management	Y/N/Partial
including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	N/A
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	N

Explanation of any answers and additional evidence:
- Since our previous inspection, the practice had improved blank prescription stationery security and maintained a log of serial numbers and boxes. Blank prescription forms for use in printers were handled in accordance with national guidance as these were recorded and tracked through the practice at all times.
- Records showed fridge temperature checks were not always monitored appropriately. There was a policy for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential failure. However, we noted on a number of occasions fridge temperatures were recorded higher or lower than the recommended range. We found the practice had not followed cold chain policy appropriately, it had failed to identify and document the incidents and did not take appropriate action in a timely manner.
- We noted administrative members of staff were involved to carry out fridge temperature checks. However, some administrative members of staff we spoke with demonstrated lack of understanding regarding the cold chain policy and the recommended fridge temperatures range.
- We noted fridge temperature checks were only carried out once a day. We noted the practice was not following their own policy which required fridge temperatures should be recorded twice a day.
- The practice informed us data loggers had been installed in both fridges. However, they were unable to provide documentary evidence to demonstrate that this data was monitored on a regular basis to provide assurance that temperatures had been within the required range. Two weeks after the inspection, the practice submitted data logger readings for one of the fridges which showed fridge temperatures were in the recommended range. However, these readings conflicted with the written records provided by the practice on the day of the inspection.
- Both fridges were not locked on the day of the inspection, but they were fitted with key operated locks. They were kept in a clinical room which had a key operated lock in the door.

Medicines management	Y/N/Partial
- Protocols for checking stocks levels and expiry dates of equipment were in place but were not always being followed. We found an expired vacutainer used to collect blood samples, which could contaminate blood samples and affect the accuracy of results if used. We found several items out of date including: Solpadol (a medicine that acts to relieve pain), dressing tape and sterile plastic forceps. We found several opened and partially used items including: saline solution for dressings, sterile scissor and dressings. Staff we spoke with was unable to provide any log of regular checks. - The practice had an effective system to support vulnerable patients with requesting and collecting prescriptions. This involved checking the prescription box regularly and contacting the patient to check if they still required the medication or if a new script was issued. - The practice had an effective system to identify and monitor who was collecting the repeat prescriptions for controlled drugs from the reception. - In relation to the monitoring of high risk medicines, the practice ensured that an appropriate blood test result was present before a prescription could be issued. - The practice had emergency medicines to cover medical situations that might arise, this was stored securely and checked regularly by one of the staff members.	

Track record on safety and lessons learned and improvements made

The practice learned and made some improvements when things went wrong. However, they had not always reported incidents related to fridge temperature monitoring.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Partial
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	6
Number of events that required action:	4
Explanation of any answers and additional evidence: • We noted the practice had not identified and raised concerns and reported incidents when fridge temperatures were recorded higher or lower than the recommended range. However, we noted there was an effective system in place for recording and acting on significant events in all other areas. There was evidence available to demonstrate that the practice had reviewed, investigated, learned and shared lessons when things went wrong.	

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

Event	Specific action taken
Aggressive and abusive behaviour towards the staff by a patient	The practice had investigated the incident and sent a warning letter to the patient. The practice had advised staff to implement a zero tolerance policy and ensure to safeguard each other.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: • There was an effective system in place to receive and share all safety alerts. If the action was required, this was assigned to an appropriate member of staff and it was recorded when this action complete.	

Effective   Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was 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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

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) (NHSBSA)	0.87	0.56	0.77	No statistical variation

Older people   Population group rating: Good

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.

- Health checks were offered to patients over 75 years of age.

People with long-term conditions   Population group rating: Good

Findings
• Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. • Staff who were responsible for reviews of patients with long-term conditions had received specific training. • GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. • The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. • 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 months (01/04/2017 to 31/03/2018) (QOF)	85.2%	79.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.3% (55)	8.8%	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) (QOF)	69.2%	78.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.0% (25)	7.6%	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) (QOF)	79.1%	80.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	12.0% (43)	9.6%	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) (QOF)	84.3%	79.7%	76.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	4.2% (7)	4.8%	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) (QOF)	90.0%	92.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	9.1% (1)	8.3%	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)	75.7%	83.7%	82.6%	Tending towards variation (negative)
Exception rate (number of exceptions).	3.6% (15)	3.2%	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)	78.8%	83.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	8.2%	6.7%	N/A

Any additional evidence or comments
• The practice was aware of low QOF results for the hypertension related indicator. We saw the practice had developed an annual development plan to carry out medicines reviews for patients with long term conditions and a clinical pharmacist was responsible for monitoring the outcomes.

Families, children and young people   Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the national childhood vaccination programme 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)	36	40	90.0%	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)	48	52	92.3%	Met 90% minimum (no variation)
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)	48	52	92.3%	Met 90% minimum (no variation)
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)	48	52	92.3%	Met 90% minimum (no variation)

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.   - Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.   - Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England 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)	56.3%	62.4%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	66.6%	69.4%	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)	44.9%	48.5%	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)	60.0%	75.4%	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)	60.0%	57.9%	51.9%	No statistical variation

Any additional evidence or comments
The practice was aware of these results and explained that this was due to known cultural challenges within the practice population, which had an impact on the cervical screening uptake. The practice had taken steps to encourage the uptake. For example, there was a policy to send reminder letters and text messages to patients who did not attend for their cervical screening test. The practice informed us that physician associates had taken the lead role in this area and had provided information in multiple languages multi-lingual format and advertised the relevant information in the waiting area encouraging patients to take part in the national cancer screening programme.

- The practice had a system to ensure results were received for all samples sent for the cervical screening programme.

People whose circumstances make them vulnerable

Population group rating: Good

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 respected patients' choice and maintained a record of their preferred place of death in the practice's end of life register.

- 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.

People experiencing poor mental health

(including people with dementia)

Population group rating: Good

Findings
• The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.   • There was a system for following up patients who failed to attend for administration of long-term medication.   • 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.   • 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) (QOF)	98.0%	92.5%	89.5%	Tending towards variation (positive)
Exception rate (number of exceptions).	7.5% (4)	8.3%	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) (QOF)	95.8%	92.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.4% (5)	6.3%	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) (QOF)	90.9%	88.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.3% (1)	6.1%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	542.8	540.9	537.5
Overall QOF exception reporting (all domains)	6.4%	5.8%	5.8%

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

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

- The practice had carried out repeated clinical audits to ensure safe prescribing for all patients currently on warfarin. The practice had carried out clinical audits to ensure an INR was documented on the patient's record before warfarin was being prescribed. (INR stands for 'international normalised ratio' which is a measuring number used to figure our correct dose of Warfarin. Warfarin is a medicine used to stop blood clotting in the body). The practice had demonstrated improvement since the initial audit and ensured all 100% of patients had an INR documented in their patient records.
- The practice had carried out repeated audits to ensure all patients with dementia were appropriately Read coded and easily identified in order to optimise their health and well-being.

Effective staffing

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

	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.	Partial
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Partial
Induction included completion of the Care Certificate for Health Care Assistants	N/A

employed since April 2015.	
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Explanation of any answers and additional evidence:
- Some administrative member of staff had demonstrated a lack of knowledge regarding the cold chain policy and the recommended fridge temperatures range.
- There was an induction system for new staff. However, we noted appropriate role specific induction had not been provided to a new clinical member of staff. Staff we spoke with confirmed this.
- The practice had demonstrated how they assured the ongoing competence of two physician associates and they had a formal clinical supervision arrangement in place to review their clinical performance.

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)	Y
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

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

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) (QOF)	95.9%	96.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.2% (10)	0.6%	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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y

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.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	19
Number of CQC comments received which were positive about the service.	16
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	2

Source	Feedback
Discussion with patients, the patient participation group (PPG) member and comment cards	- Eight patients and a member of the patient participation group (PPG) we spoke with said staff were helpful, caring and treated them with dignity and respect. - Sixteen of the 19 patient CQC comment cards we received were positive about the service experienced. One of the 19 patient CQC comment cards we received was neutral and two were negative, which raised some concerns regarding access to the service and reception staff customer services skills. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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
4090	332	97	29.2%	2.37%

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)	83.5%	87.4%	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)	78.2%	84.6%	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)	92.2%	94.6%	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)	68.0%	79.7%	83.8%	Tending towards variation (negative)

Any additional evidence or comments
• The provider informed us they had taken over the new contract to run the practice in August 2017 after the retirement of previous partners. They had implemented a number of changes with the aim of improving the service. We noted recent annual national GP patient survey results had been published on 11 July 2019 (data collected during the period from January 2019 to March 2019) which showed that patients' satisfaction regarding the overall experience of their GP practice had improved and the practice had achieved 75% for this indicator.

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

Any additional evidence
• We noted the NHS friends and family test (FFT) results for the previous six months (non-consecutive six months between October 2018 to May 2019) and 83% (out of 325 responses) of patients were likely or extremely likely recommending this practice. The practice informed us that FFT results were not available for two months (November 2018 and February 2019) due to technical errors.

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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Discussion with the patients, the patient participation group (PPG) member and comment cards	• Feedback from patients demonstrated they felt involved and that their personal decisions were taken into account. • Patients told us they felt listened to and supported by their doctor and had sufficient time during consultations.

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)	87.6%	91.7%	93.5%	No statistical variation

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

Explanation of any answers and additional evidence:
- The practice had multi-lingual staff who might be able to support patients when required.
- Written information was available for carers in the waiting area and on the practice website to ensure they understood the various avenues of support available to them.

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 45 patients as carers (1% of the practice patient list size).
How the practice supported carers.	The practice's computer system alerted GPs if a patient was also a carer. They were being supported by offering health checks and referral for social services support.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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.	Partial
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Explanation of any answers and additional evidence:
- Curtains were not provided in two clinical rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. This issue was highlighted during the previous inspection. However, the practice informed us two weeks after this inspection that they had installed the curtains in both clinical rooms.

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.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
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.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: • The practice understood the needs of its population and tailored services in response to those needs. For example, the practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration. • Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice informed us they had secured funding and was planning to extend the premises with more space and additional consulting rooms. • The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and baby changing facility. • The facilities and premises were appropriate for the services delivered. The practice informed us they had carried out internal and external renovation of the premises since taking over the practice in August 2017 to address the issues related to the infection control and health and safety. • 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. • The practice website was well designed, clear and simple to use featuring regularly updated information. The practice website included a translation facility. • The practice sent text message reminders of appointments.	

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
Monday	8am-6pm
Tuesday	8am-6pm
Wednesday	8am-6pm
Thursday	8am-6pm
Friday	8am-6pm
Extended hours opening:	
Friday (at the practice)	6.30pm-7.30pm
Monday to Sunday (at local GP hubs)	8am-8pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4090	332	97	29.2%	2.37%

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)	88.9%	93.3%	94.8%	No statistical variation

Older people   Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- 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.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals. Patients from other local practices were also able to book an appointment for the phlebotomy service at the practice.

People with long-term conditions   Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team 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.

Families, children and young people   Population group rating: Good

Findings

- 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. For example, the practice offered extended opening hours every Friday from 6.30pm to 7.30pm. In addition, extended hours appointments were offered Monday to Sunday between 8am to 8pm at the local hub.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable

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. However, some improvements were required.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: • In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. • Appointments were available to book online.	

Indicator	Practice (Results published in August 2018)	CCG average (August 2018)	England average (August 2018)	England comparison (August 2018)	Practice (Results published on 11 July 2019)
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)	61.4%	N/A	70.3%	No statistical variation	73% (Survey carried out between 01/01/2019 to 31/03/2019)
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)	46.6%	64.8%	68.6%	Tending towards variation (negative)	72% (Survey carried out between 01/01/2019 to 31/03/2019)
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)	46.8%	63.1%	65.9%	Tending towards variation (negative)	72% (Survey carried out between 01/01/2019 to 31/03/2019)
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)	52.6%	69.0%	74.4%	Tending towards variation (negative)	69% (Survey carried out between 01/01/2019 to 31/03/2019)

Any additional evidence or comments
• Results from the August 2018 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the local and national averages in all indicators. • The practice informed us they had taken steps to improve the access to care and treatment. For example, • The practice had recruited a new practice nurse in June 2019. The long-term practice nurse had been retired in February 2019. • The practice had recruited a new clinical pharmacist in April 2019. The practice informed us the previous clinical pharmacist left the job in December 2018. • The practice had recruited two physician associates and they were working two days per week (increased from one day per week since we inspected the practice in May 2018). • The practice was considering to recruit a health care assistant. • The practice was currently offering 11 GP clinical sessions per week (reduced from 15 GP clinical sessions per week since we inspected the practice in May 2018). The practice informed us this was due to one of the two salaried GPs leaving the job in May 2019. We saw the practice was using locum GPs to cover the sessions. The practice informed us they had recruited a salaried GP, who would offer six clinical GP sessions per week from September 2019 (they were currently offering four sessions per week as a locum GP). • We checked the online appointment records and noted that the next pre-bookable appointment with any GP was available within one week. Urgent appointments with GPs or nurses were available the same day. • The practice was encouraging patients to register for online services and 35% (increased from 12% during the previous inspection) of patients were registered to use online services. • During the previous inspection in May 2018, the practice had informed us they were planning to change the telephone system and was seeking advice to terminate the long-term telephone contract they had inherited from the previous provider. During this inspection in June 2019, the practice informed us they had procured a new telephone system and was planning to install a new telephone system in July 2019 to improve telephone access. The practice informed us that the new telephone system would help in reducing telephone waiting times. • We noted recent annual national GP patient survey results had been published on 11 July 2019 (data collected during the period from January 2019 to March 2019) which showed that patients' satisfaction with how they could access care and treatment had improved compared to the previous results published in August 2018. Recent survey results had been included in the above table (last column).

Source	Feedback
Discussion with the patients, the patient participation group (PPG) member and comment cards	• Some of the eight patients we spoke with and three of the 19 comment cards we received highlighted dissatisfaction regarding the access to the service, long waiting times in the waiting area and continuity of care. However, most of the patients we spoke with informed us they were able to get appointments with the GP when they needed them. • A member of the patient participation group (PPG) we spoke with was mostly happy with the access to the service. However, they said it was not easy to make an appointment with the practice nurse in a timely manner. One of the eight patients we spoke with also raised some dissatisfaction regarding the limited availability of appointments with the practice nurse.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care. However, some improvements were required.

Complaints	
Number of complaints received in the last year.	7
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: • The complaint policy and procedures were in line with recognised guidance. • We found that all written complaints had been addressed in a timely manner. However, we noted the practice had not always included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. This issue was highlighted in the evidence table during the previous inspection in May 2018.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Waiting times in the waiting area	The practice informed us they had developed a protocol and reminded the reception staff to inform the patients regarding delays at the time of arrival and provide periodic updates in the waiting area if experiencing long waiting times.

Well-led   Rating: Requires improvement

At the previous inspection in May 2018, we rated the practice as requires improvement for providing well-led services because:

- There was a lack of good governance in some areas.
- The practice had not assured that all policies and procedures were up to date.
- The practice was unable to demonstrate that the feedback from patients through the patient participation group (PPG) was sought and acted upon.

At this inspection in June 2019, we found that the provider had addressed most areas, however, they were required to make further improvements and is rated requires improvement for providing well-led services because:

- The practice had demonstrated good governance in most areas, however, they were required to make further improvements.
- The practice had not assured themselves that policies and procedures were operating as intended.
- We noted appropriate role specific induction had not been provided to a new clinical member of staff.
- The practice had not taken sufficient action to address patient feedback about access to the service and feedback from some patients reflected that they were not always able to access care and treatment in a timely way.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: • The provider informed us they had inherited a number of challenges when they took over the practice in August 2017. They had implemented a number of measures to mitigate the challenges and demonstrated improvements. The provider had faced difficulties in recruiting a permanent practice manager. However, we noted the practice had recruited a new practice manager in June 2019 (four days before the inspection). Staff we spoke with informed us that since the previous inspection in May 2018, an interim practice manager had provided virtual support for four to six months duration. • The principal GP informed us they were in a discussion with a salaried GP and they were hopeful of being able to secure partnership arrangements with a salaried GP at the practice. • The principal GP was not offering any clinical session at the practice and allocated one and half days for administration and management of the service. This arrangement had been scheduled in the electronic diary from June 2019.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: • The practice had developed a comprehensive development plan. • The practice informed us they had secured funding for an extension to the premises. It had ambitions to expand the range of services available to the local population and to become a teaching and training practice. However, the plans were delayed due to recent primary care network changes in the locality.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

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

Source	Feedback
Staff feedback	• We were informed that the practice culture was one of being open and supportive of one another. • Clinical staff said they had prompt access to the principal GP when they needed clinical advice. • Staff felt they were treated equally.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: • At this inspection, we found that the practice had demonstrated good governance in most areas which supported the delivery of the strategy and good quality care. However, they were required to make further improvements. • The practice had established proper policies, procedures and activities, but they had not always assured themselves that they were operating as intended. For example, the practice had failed to identify that the cold chain policy was not followed appropriately and had not ensured incidents were reported and recorded appropriately in a timely manner, when required, to ensure patient safety. • Safeguarding policies were recently reviewed, but they did not include up to date details. • The practice had not ensured that the complaints policy and procedures had been followed appropriately. For example, the practice had not always included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. This issue was also highlighted in the evidence table during the previous inspection.	

Managing risks, issues and performance

There were clear and effective processes for managing most risks, issues and performance. However, some improvements were required.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: • There were processes to ensure risks to patients were assessed and well managed in most areas, with the exception of those relating to fridge temperature monitoring, checking stocks levels and expiry dates of equipment. • We noted appropriate role specific induction had not been provided to a new clinical member of staff.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

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

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.	Partial
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: • Patients had a variety of means of engaging with the practice all of which were effective: text messages, emails and complaints/comments. • Staff feedback highlighted a strong team with a positive supporting ethos. • Staff said the leadership team asked for their feedback and suggestions about the way the service was delivered. Staff meetings were held regularly. • The service had initiated an online networking tool to communicate quickly with staff members. This networking platform was used to share information, staffing matters and monitor the resources. • The practice was in the process of establishing a patient participation group (PPG). We noted one PPG meeting was held on 22 January 2019. We spoke with the PPG chair on the day of the inspection and they informed us they were trying to develop the PPG and encouraging patients to join the PPG. • The practice informed us they had taken steps to improve the access to care and treatment. We noted recent annual national GP patient survey results reflected some improvements. However, the practice had not taken sufficient action to address patient feedback about access from the national GP patient survey. On the day of the inspection, we found the feedback from some patients reflected that they were not always able to access care and treatment in a timely way.	

Feedback from Patient Participation Group.

Feedback
• We spoke with a PPG member and they were positive about the care and treatment offered by the practice, which met their needs. They said the doctors were caring and receptionists were friendly and helpful. • They were satisfied with online access provided by the practice. However, they said it was not easy to make an appointment with the practice nurse in a timely manner. • They told us that their views and ideas were listened and accommodated as much as possible.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement
• The practice was forward thinking and planning to expand the premises. • The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. • All staff received individualised training opportunities which were discussed at their appraisals. The practice used this information to inform its overall training plan.

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.