

Care Quality Commission

Inspection Evidence Table

Churchwood Medical Practice (1-4529785948)

Inspection date: 11 July 2019

Date of data download: 04 July 2019

Overall rating: Requires Improvement

The overall rating has moved to good from a previous rating of inadequate. This is because the practice had made improvements in relation to the management of risk, medicines reviews, acting on patient feedback, improved training compliance and supervision, improved recruitment processes and action taken to improve access to appointments.

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

Safe

Rating: Good

The rating of safe has moved to good from inadequate. This is because the practice made improvements in relation to the management of risk and medicines reviews.

Safety systems and processes

The practice had clear 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 which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	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	Yes

Safeguarding	Y/N/Partial
workers to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <p>At our 2018 inspection it was identified that not all nursing staff had a record of safeguarding training or safeguarding training at the required level. At this inspection we found that all nurses and health care assistants had a record of child safeguarding training at level three and all except one had adult safeguarding at level two. Action was taken to address situations where staff had not completed the required training including regular reminders and the allocation of protected time to complete it.</p>	

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 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
<p>Explanation of any answers and additional evidence:</p> <p>At our 2018 inspection we found that pre-employment checks were not adequately carried out. This included a lack of evidence of performance in a previous role at the time of employment, poor identity verification and a lack of employment history obtained. At this inspection we found that pre-employment checks had improved and that processes now included checking photographic identity, obtaining references and checking for gaps in employment history for new staff.</p> <p>At our 2018 inspection we found that the practice checked the hepatitis B status of staff but had not checked the immunity status for other diseases. At this inspection we saw evidence that the practice had taken action to improve this, including maintaining a record of measles, mumps and rubella immunity.</p>	

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: 6/06/2019	Yes
There was a record of equipment calibration. Date of last calibration: 3/04/2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 27/06/2019	Yes
There was a log of fire drills. Date of last drill: 20/02/2019	Yes
There was a record of fire alarm checks. Date of last check: 4/07/2019	Yes
There was a record of fire training for staff. Date of last training: 20/02/2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 16/11/2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in 2018 we found that risk assessment and management processes in relation to fire safety were poor. At this inspection we found that the practice had undertaken an annual fire safety risk assessment and carried out a quarterly review of the risk assessment. Action was taken to address the risks. For example, a fire drill had identified an increased risk relating to accessing the fire safety meeting point as this required people to cross a road, as a result the meeting point was changed.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 8/10/2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 8/10/2018	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Environmental risk assessments carried out identified risks associated with a broken patient toilet seat and a frayed carpet in one of the offices. Action to resolve these risks had been taken.</p> <p>At our previous inspection in 2018 we identified that the practice had not adequately assessed and addressed the risks associated with legionella. At this inspection we found that a risk assessment had</p>	

been carried out. There were cleaning arrangements in place for the water system as well as monthly water temperature monitoring. Monthly flushing of infrequently used water outlets was carried out and recorded.

A risk assessment of the ramp leading to the front door had been carried out and was due for modification. There was a buzzer accessible for patients to call for assistance from reception staff if needed.

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
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 4/07/2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: At our inspection in 2018 we found that an infection control audit had been carried out but was undated. Action to improve infection control practices had been identified, however actions had not all been carried out and there was no clear timeline for completion. For example, there was no cleaning schedule for fabric chairs in the waiting area. At this inspection we saw that fabric chairs in the waiting area had been replaced with easy to clean seating. Action in relation to the audit had been undertaken, including ensuring bins for domestic waste were in each room and that wall mounted soap dispensers were in use.	

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
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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	Yes

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.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our 2018 inspection it was identified that not all reception staff had received training or had an understanding of sepsis. At this inspection we found that all staff including receptionists had received training in sepsis and the types of red flag symptoms to be aware of. There were sepsis posters in the reception area to remind staff.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment, although there was not a system in place to follow up referrals.

	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 and there was a system to monitor delays in referrals.	No
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	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
<p>Explanation of any answers and additional evidence:</p> <p>A log of two week wait (for suspected cancer) referrals was maintained, however this included the patient name and the type of referral but did not consistently include monitoring of whether the patient had received or attended the appointment. We were told that the referral log was reviewed on a monthly basis, however, this had not been done since 6 June 2019. Where the log had been reviewed it was not always clear if the patient had received or attended an appointment.</p>	

Appropriate and safe use of medicines

The practice did not consistently have 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) (NHS Business Service Authority - NHSBSA)	0.95	0.99	0.88	No statistical variation
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)	7.6%	9.0%	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) (NHSBSA)	4.81	6.04	5.61	No statistical variation
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)	4.10	3.05	2.07	Tending towards variation (negative)

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.	Partial
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
The practice had a process and clear audit trail for the management of information about	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	Yes
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.	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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>At our 2018 inspection we found that the system for storing and monitoring blank prescriptions was not embedded in the practice. At this inspection we saw that a logging system was in place for all prescriptions including those stored in printers. Prescription printers were removed from rooms at the end of each day and locked away. However, we found prescriptions in a printer in an unlocked administrative room on the day of inspection and these had not been included in the log. The room was not in a patient area, so access was restricted.</p> <p>At our previous inspection we found that only 22% of patients on repeat medicines had received a medicine review and that repeat prescriptions were being re-issued without the proper authority. At this inspection we found that 99% of patients had received a medicines review. Repeat prescriptions were issued with the appropriate authorisation, if a medicines review had not been carried out the repeat medicine request was referred to the GP as a query.</p> <p>Vaccines were appropriately stored, and temperature checks of the vaccine fridges were routinely carried out and recorded. Staff knew what to do in the event of fridge temperatures being out of range. However, in one of the nurse's rooms we found a Hepatitis B vaccine for a named patient that had expired in 2018.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong 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:	17
Number of events that required action:	4
Explanation of any answers and additional evidence: Incidents were reported and reviewed by the practice manager and GP. Of the nine incidents reported between July 2018 and July 2019 44% related to patient safety, 11% to medical records, 11% to appointments, 22% to medication and 11% to aggressive behaviour. Incidents were recorded on the electronic system in use within the practice and were submitted as agenda items for review at the partner, clinical or staff meeting as required.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Abnormal blood test results for a patient that had been sent as a task to a GP had not been reviewed, resulting in a delay of 24 hours in the patient receiving treatment.	It was agreed that an electronic task was not sufficient, so action included that abnormal results must be physically handed to the patient and that all tasks must be cleared by the GP at the end of the working day.
A safeguarding concern had been flagged to the local safeguarding team.	Staff remained concerned about the patient so carried out a welfare visit and provided additional support, adding the patient to the caseload of the advanced nurse practitioner to ensure regular monitoring was taking place.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: We saw examples of actions taken on recent alerts for example, regarding sodium valproate. Regular searches were carried out to identify patients in relation to alerts received and action was taken and recorded.	

Effective

Rating: Requires Improvement

The rating for effective has moved from requires improvement to good. This was because of improvements to staff training and supervision.

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Clinicians were up to date with current evidence-based practice. For example, we saw evidence of National Institute of Health and Care Innovation (NICE) guidelines being followed in relation to the care and monitoring of patients with asthma.</p>	

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>	1.14	1.17	0.77	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with long-term conditions were offered 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 shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice participated in locally commissioned diabetes services and offered patients the opportunity to participate in care planning for their diabetes along with an annual review. However, the proportion of patients with diabetes in whom the last blood pressure reading is 140/80 mmHg had deteriorated from 71.5% in March 2017 to 60% in March 2018.

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)	80.9%	78.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.4% (40)	11.8%	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	60.0%	76.5%	77.7%	Variation (negative)

to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	12.2% (52)	10.7%	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)	82.1%	82.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	11.0% (47)	14.8%	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)	76.8%	70.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	10.2% (40)	11.4%	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)	80.0%	83.4%	89.7%	Tending towards variation (negative)
Exception rate (number of exceptions).	11.9% (23)	13.2%	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)	81.5%	81.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.6% (54)	5.3%	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)	87.2%	86.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.1% (2)	5.2%	6.7%	N/A

Any additional evidence or comments

There was evidence of improvements to QOF in the areas identified as below average. For example, an unverified QOF achievement report at the end of March 2019 showed that the maximum number of points had been achieved in relation to hypertension and chronic obstructive airways disease. The practice was aware of areas for improvement and worked to address these.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates met the 90% minimum. The practice contacted the parents or guardians of children due to have childhood immunisations.
- 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.
- 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.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
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) <small>(NHS England)</small>	80	85	94.1%	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) <small>(NHS England)</small>	62	67	92.5%	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) <small>(NHS England)</small>	61	67	91.0%	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) <small>(NHS England)</small>	63	67	94.0%	Met 90% minimum (no variation)

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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 prescriptions without the need to attend the surgery.
- Cervical screening uptake was significantly below the 80% national target.

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)	69.9%	72.7%	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)	70.5%	66.8%	69.9%	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)	55.4%	57.7%	54.4%	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)	52.0%	67.4%	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)	52.9%	62.9%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. The advance nurse practitioner carried out annual reviews of patients with a learning disability within their home environment.
- 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 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 patients at local residential homes.

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.

- Same day and longer appointments were offered when required.
- 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.
- Patients with poor mental health, including dementia, were referred to appropriate services. Patients could self-refer to counselling services available at the practice.

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>	86.7%	81.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.4% (7)	13.6%	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>	90.2%	79.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.0% (6)	11.3%	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) <small>(QOF)</small>	75.6%	79.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	8.9% (4)	7.4%	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)	537.5	533.4	537.5

Overall QOF score (as a percentage of maximum)	96.2%	95.4%	96.2%
Overall QOF exception reporting (all domains)	8.2%	6.1%	5.8%

	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
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

- Clinical audits were regularly carried out within the practice. We reviewed audits of sodium valproate, high risk medicines, vitamin D prescribing and antibiotics. Results showed that action was taken to promote improvements. For example, a repeat audit showed that antibiotic prescribing had reduced as a result of education and peer review activities.

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, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when	Yes

their performance was poor or variable.	
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in 2018 we found significant gaps in staff training, including fire, safeguarding and health and safety training. At this inspection we found that improvements had been made to training compliance. Training records we reviewed showed that the majority of staff were up to date with their training. Where staff were not up to date the practice had a system in place to ensure this was done, including giving staff protected time for training completion. We saw evidence of completion of basic life support, fire, infection control, information governance and safeguarding. All patient facing staff within the practice were now trained to level two child and adult safeguarding as a minimum. Clinical staff were trained to level three safeguarding.</p> <p>Weekly clinical meetings were held in the practice with a positive focus on support for clinical decision making. The lead GP met regularly with the paramedic and nurse practitioner and routinely reviewed case files and audited these, including any non-medical prescribing. This information was used to aide discussion and review during the supervision process.</p> <p>Staff received annual appraisals and were given time for pre-appraisal preparation.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>Multidisciplinary meetings were regularly held with multidisciplinary input from external staff including community nurses and social workers.</p>	

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
Patients had access to appropriate health assessments and checks.	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
Explanation of any answers and additional evidence: Records showed that 88% of patients between 40 and 74 had been offered an NHS health check in the last five years. The health care assistant carried out health checks and provided diet and lifestyle advice, including stopping smoking input. Patients were referred to community support services and prevention services such as those for patients at risk of diabetes.	

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>	93.6%	93.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (6)	0.7%	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
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: Clinical staff had received training in the Mental Capacity Act 2005 and demonstrated an understanding of consent in relation to this. Consent was recorded in patient records.	

Caring

Rating: Requires Improvement

The rating for caring has changed from good to requires improvement. This was because results of the GP patient survey showed a reduction in patient satisfaction in relation their experience of feeling listened to, being treated with care and concern, how their needs were met and their overall experience of the practice.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients during inspection was positive about the way staff treated people. However, GP patient survey results had deteriorated in relation to patient's experience in relation to their consultations.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards 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.	28
Number of CQC comments received which were positive about the service.	21
Number of comments cards received which were mixed about the service.	7
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Patients reported that staff were kind and caring and treated them with dignity and respect. All comments were complimentary about the staff working in the practice. Mixed comments related to accessing appointments.

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
6,084	278	91	32.7%	1.50%

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%	89.3%	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) 2019 figures in brackets.	85.8%	88.3%	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) 2019 figures in brackets.	88.5%	95.9%	95.6%	Tending towards variation (negative)
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) 2019 figures in brackets.	70.4%	84.0%	83.8%	No statistical variation

Any additional evidence or comments

GP patient survey results for 2019, published on the day of inspection showed there was a slight improvement from the 2018 figures on patients having confidence and trust in the healthcare professional they saw or spoke to with results now indicating no statistical variation. However, other aspects of the survey showed deteriorating satisfaction in relation to patients' experiences. This included patient satisfaction with their overall experience reducing from 70% to 58%, feeling treated with care and concern reducing from 86% to 73%, and a reduction from 84% to 76% in patients feeling listened to. The practice was aware that patient satisfaction was below average in a number of areas. Action they had taken to address these concerns included re-establishing the patient participation group, conducting their own survey activities, providing training to staff to improve interactions between them and patients and improving the culture of the practice. However, evaluation of the changes made had not yet been undertaken.

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

Any additional evidence
The practice monitored the friends and family test results on a monthly basis. The proportion of patients who would recommend the practice varied up to 100% and as low as 61%. Staff were aware of the issue's patients had with the practice and took action to address them. Patient surveys were carried out on a regular basis and the practice worked closely with the patient participation group to ensure that patient feedback was considered and addressed where necessary.

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
Explanation of any answers and additional evidence: Easy read and pictorial materials were available. The practice worked closely with a local wellbeing service and regularly referred patients for community and advocacy services.	

Source	Feedback
Interviews with patients.	Patients reported feeling involved in their care and having enough time to ask questions. Patients told us they didn't feel rushed and that they had the time they needed 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) 2019 figures in brackets.	89.9%	95.2%	93.5%	No statistical variation

Any additional evidence or comments

Patients we spoke with told us they felt involved in the decisions about their treatment and care.

	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 worked to identify carers. At the time of inspection there were 576 carers identified. This was a significant increase from the previous inspection (1.5%) and equated to 9.5% of the practice population.
How the practice supported carers (including young carers).	The practice supported carers by signposting them to relevant services for support. They also provided health checks and flu vaccines.
How the practice supported recently bereaved patients.	The practice offered appointments as necessary to recently bereaved patients and signposted them to bereavement and counselling services as needed.

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
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection we saw that confidentiality at the reception desk was limited. At this inspection we saw that a redesign of the waiting area had led to the reception desk being relocated and the waiting area being refurbished. There was a privacy screen where patients checked in on the automated system and there was a room available for staff to have confidential discussions with patients.</p>	

Responsive

Rating: Requires Improvement

The rating for responsive has stayed the same and requires improvement. This was because although the practice had taken action to improve access to appointments, the effectiveness of this had not yet been evaluated and GP patient survey results had deteriorated.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
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
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: The practice had made changes to the patient waiting area to improve confidentiality and privacy at the reception desk. These changes had included new flooring and seating and a change in positioning of the reception desk. In addition, a confidential room had been developed so that patients could speak with staff members privately.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 6pm
Thursday	8am – 6pm
Friday	8am – 5pm
Between 6pm and 6.30pm and from 5pm on a Friday phones are transferred to the out of hours provider to assess patient's needs. A GP is accessible until 6.30pm should any treatment be required.	
Appointments available:	
Monday	8.30am – 12pm and 3pm – 5pm
Tuesday	8.30am – 12pm and 3pm – 5pm

Wednesday	8.30am – 12pm and 3pm – 5pm
Thursday	8.30am – 12pm and 3pm – 5pm
Friday	8.30am – 12pm and 3pm – 5pm
Extended hours appointments: Pre-bookable appointments are available once a fortnight in the evening with a GP or healthcare assistant.	
Extended access appointments: Pre-bookable appointments are available on a Monday and Tuesday evening and on alternate Saturday mornings at a neighbouring practice.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,084	278	91	32.7%	1.50%

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)	88.6%	94.8%	94.8%	Tending towards variation (negative)

Older people

Population group rating: Requires Improvement

Findings
<ul style="list-style-type: none"> 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. The practice provided effective care coordination to enable older patients to access appropriate services. There were 476 patients over the age of 75 within the practice population, 33% of these lived in care or nursing homes. The paramedic practitioner supported GPs with visits to the homes. The practice had changed the layout of the building so that patients no longer had to use the stairs to attend an appointment with a practice nurse or healthcare assistant.

People with long-term conditions

Population group rating: Requires Improvement

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. 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.

Families, children and young people

Population group rating: Requires Improvement

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 or telephone appointment as appropriate when necessary.
- Six-week baby checks were carried out at the practice.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

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. Telephone appointments were available as appropriate for patients unable to get into the practice due to work commitments.
- The practice had implemented new software to make it easier for patients to communicate with staff electronically on a regular basis.
- The practice was open until 8.00pm on a fortnightly basis for pre-bookable appointments. Pre-bookable appointments were also available to all patients at an additional location within the area, as the practice was a member of a GP federation. Appointments were available on a Monday and Tuesday evening and on a Saturday morning.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

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 such as homeless people and travellers.

- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, including providing appointments in their home environment.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

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 not always able to access care and treatment in a timely way as indicated by the GP patient survey results.

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
Explanation of any answers and additional evidence: The practice had a triage system in place where all patients requesting an on the day appointment would be contacted by the GP or given a face to face appointment with a GP or an advanced practitioner. Patients we spoke with during inspection reported that access to appointments had improved. In addition to face to face and telephone appointments, patients were able to email with routine enquiries.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to	56.5%	N/A	70.3%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)				
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)	56.1%	73.6%	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)	57.9%	71.3%	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)	66.0%	78.1%	74.4%	No statistical variation

Any additional evidence or comments

Results from the GP patient survey around patients accessing the services were below average. Results from the 2019 GP patient survey showed that accessing the practice by phone (33%), satisfaction with the experience of making an appointment (42%), practice appointment times (32%) and the type of appointment available (50%) had deteriorated since the 2018 survey. In addition, patient satisfaction with their needs being met was 83% in the most recent published survey results compared with 94% in both local and national averages. The practice were aware of the issues and had worked with patients to review feedback and dissatisfaction. A triage system had been implemented as a result of feedback. Two of the three patients we spoke with on the day of inspection told us that they believed access to appointments had improved in recent weeks.

Source	Feedback
For example, NHS Choices	Feedback on NHS choices was largely negative based on the comments during 2019. Comments included issues with getting appointments, disabled access, rude staff and poor access. The most recent comment offered a five-star review and stated they had noticed improvements to the practice each time they went in.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	15
Number of complaints we examined.	8
Number of complaints we examined that were satisfactorily handled in a timely way.	8

Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
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	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: There was information in the waiting area for patients on how to complain. Complaints were logged into the electronic system and information included details of when the complaint was responded to, investigations, the identification of learning and any action taken. There was evidence of learning being discussed in staff meetings.	

Examples of learning from complaints.

Complaint	Specific action taken
A complaint from a parent of a patient with a learning disability about the treatment the patient received.	A face to face appointment was made with the GP to review the care and treatment provided with the parent to resolve the concerns.
Complaints about access to appointments.	The practice implemented a triage system to improve access to appointments.
Comments about staff being rude and a lack of confidentiality.	In response to comments about staff being rude and a lack of confidentiality at the reception desk the practice had made changes to the reception environment and had provided additional training for staff. This included scenario training with an actor to role play difficult interactions with patients in order for staff to learn how to better manage these types of situations. In addition, the practice had implemented call recording so that calls could be listened to in order to identify improvements that could be made.

Well-led

Rating: Requires Improvement

The rating for well-led has moved from inadequate to requires improvement. This is because of improvement to risk management processes. While there was evidence on acting on feedback from patients and action taken to address challenges.

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Staff reported that GPs were approachable and that there was open communication within the practice. There was a clear understanding of the challenges to quality and sustainability, including the future staffing of the practice. Actions to address challenges included the development of advanced roles and partnership working with other practices.	

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.	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.	Yes

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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
<p>Staff reported that relationships with managers were positive and that they felt supported and enjoyed working in a positive team environment. Daily coffee meetings were held where staff would meet for a coffee and discuss any issues of the day, working together to find solutions. Staff were positive about this.</p> <p>When things went wrong people were informed of this and an apology given. For example, when a child was given an incorrect vaccine staff spoke directly with the parent and informed them of what had happened and any risks associated. An apology was given.</p>	

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

Source	Feedback
Administrative staff	Staff we spoke with told us they enjoyed working at the practice and felt supported and that the team worked well together. Staff described the lead GP as approachable and proactive.

Governance arrangements

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

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

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Staff were able to access practice specific policies and procedures on the practice intranet system.
Designated Leads	System within the practice had designated leads which all staff were aware of. For example, GPs were leads for areas such as safeguarding, medicines management and information governance.
Patient outcomes	The practice had undertaken some clinical audit to improve outcomes for patients. The practice monitored performance against the Quality Outcomes Framework (QOF) to improve outcomes for patients. There was evidence of ongoing improvement work being carried out around this although performance in some areas of diabetes care was below average and cervical screening was below the national target.
Recruitment	The practice had systems in place to ensure that appropriate recruitment checks were carried out prior to employment of new staff.
Staff meetings	Meetings were held within the practice and meeting minutes were maintained. This included regular clinical meetings that involved GPs, nurses and healthcare assistants.
Staff training	The management of the service monitored staff training to ensure compliance and took action where compliance was poor.
Patient feedback	The practice had taken action to make improvements following feedback from patients. This included implementing a triage system to improve access to appointments and redesigning the waiting area to improve privacy and confidentiality. These changes had been a recent implementation and had not yet been re-evaluated to demonstrate improved patient satisfaction.

Managing risks, issues and performance

There were not always clear and effective processes for managing risks, issues and performance. Assurance systems were reviewed although improvements were not yet embedded.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Partial
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
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	Partial

sustainability was assessed.	
Explanation of any answers and additional evidence:	
<p>A risk register was in place. Risks identified included issues with the car park and the ramp leading into the surgery. Risks were rated based on the level of potential harm identified. Risks levels were reviewed regularly and action taken to mitigate the risk. Risk targets were identified based on the action planned. For example, a contractor had been identified to resolve the issues identified in the car park and to the ramp with a target date of 1st August 2019 for completion of the works where the risk was expected to reduce from medium or high to low.</p>	
<p>Practice performance was monitored in relation to patient outcomes and some action had been taken to make improvements, however there was negative variation in relation to diabetes performance and cervical screening was significantly below the national target.</p>	
<p>The practice had taken some action to improve patient access. However, performance in relation to the GP patient survey had deteriorated. In addition, changes to make improvements had not yet been sufficiently established to evaluate their impact.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making although information indicating where improvements could be made was not always acted on.

	Y/N/Partial
Staff used data to adjust and improve performance.	Partial
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
<p>There was evidence of staff using data to adjust and improve performance in some areas, including from patient feedback. However, cervical screening was significantly below the national target and it was unclear what action was being taken to improve this.</p>	

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 although improvements had not yet been evaluated.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Partial
The practice had an active Patient Participation Group.	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
Explanation of any answers and additional evidence:	
There was some evidence that patient views were acted on to improve services and culture, however results from the GP patient survey had deteriorated.	

Feedback from Patient Participation Group.

Feedback
The patient participation group had been reviewed to ensure that patients felt involved in the management of the service and that their feedback led to improvements. Feedback from the group included that the practice was trying hard to make improvements. Members felt that improvements had been achieved, including improved access to appointments and a better approach to involving the patient participation group in the development of the service.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
Learning from incidents, complaints and feedback was identified and we saw evidence of discussions with staff and team and clinical meetings where improvements were identified. The practice was aware of areas that needed improving and took action to address these and reviewed progress regularly.	

Examples of continuous learning and improvement
<ul style="list-style-type: none"> Following feedback from patients about their experiences action had been taken to make improvements. This included training for staff on improving their interactions with patients, improving the confidentiality and privacy in reception and introducing a triage system to improve access to appointments. There was evidence of improvement from the previous inspection in 2018 in a number of areas. This included improved medicine reviews, infection control processes, communication, patient outcomes and training compliance.

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 practice's 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.