

Care Quality Commission

Inspection Evidence Table

Cumberland Medical Centre (1-6193062593)

Inspection date: 22 August 2019

Date of data download: 19 August 2019

Overall rating: Good

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

Safe

Rating: Good

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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	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: Child and adult safeguarding policies were clear and comprehensive. Non-clinical and clinical staff including chaperones were aware of safeguarding considerations and trained at a level appropriate to their role. Safeguarding issues were discussed with allied health and social care professionals at multidisciplinary	

Safeguarding	Y/N/Partial
meetings and safeguarding meetings and weekly staff and clinical meetings. All policies including the safeguarding policy were accessible to staff via a shared desktop drive. There was a safeguarding register for both adults and children and records showed they were appropriately reviewed.	

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 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
Explanation of any answers and additional evidence: A comprehensive recruitment process was implemented. Immunity status and appropriate medical indemnity insurance were in place for relevant staff.	

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: 30 April 2019	Partial
There was a record of equipment calibration. Date of last calibration: 30 April 2019	Partial
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: 27 June 2019	Y
There was a log of fire drills. Date of last drill: 27 June 2019	Y
There was a record of fire alarm checks. Date of last check: August 2019	Y
There was a record of fire training for staff. Date of last training: Ongoing to the date of inspection, all staff trained	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: July 2018 and 21 August 2019	Y
Actions from fire risk assessment were identified and completed.	Y

Explanation of any answers and additional evidence:

Safety systems were generally effective but arrangements to ensure all items of electrical and clinical equipment safety and accuracy checks needed reviewing and improving.

Records showed calibration and electrical safety testing had occurred, but there was no inventory of medical and portable devices and portable electrical items to ensure all were checked. We randomly checked a few items and found most were safety checked but a set of weighing scales was not calibrated, and some fans were not tested for electrical safety.

Arrangements were in place to ensure safe storage of the Oxygen cylinder and Control of Substances Hazardous to Health (COSHH), such as cleaning chemical were locked away.

There were designated fire marshals, and regular fire drills were undertaken as well as weekly testing of the fire alarm.

A fire risk assessment was undertaken, and actions were followed up for example to install fire exits signage.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: May 2018	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: May 2018	Y
<p>Explanation of any answers and additional evidence:</p> <p>A health and safety risk assessment had been carried out in May 2018 that included some premises considerations but not premises security, it noted actions for follow up and that the risk assessment process should be repeated in November 2018. The risk assessment was not repeated in November 2018 but in August 2019 when premises security was again not included in the risk assessment document. However, various health and safety improvements had been made including premises security number key locks on doors, a premises security alarm system, health and safety and no smoking posters and signage and repair of a loose electrical plug.</p> <p>The practice had undertaken a Legionella Risk assessment on 16 May 2018 and regular tap flushing and water temperature monitoring.</p> <p>After our inspection the practice sent us evidence of reviewing and improving systems for health and safety and addressing outstanding health and safety actions.</p>	

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
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y

There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The infection control risk assessment had identified improvements were needed that were underway including provision of safety goggles for some situations to be used in the event of splashing of bodily fluids. A clinical waste pre-acceptance audit was in place. The practice was clean, well-organised and tidy.	

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.	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
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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 unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	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: Rota planning was clear and well managed. Staff rota cover and emergency cover arrangements were effective. Panic systems for emergency alarms were on the practice system. There were training videos online and educational and quick reference charts for staff reference on sepsis. The practice used a frailty index to tools including to identify patients that needed and had received three monthly reviews. Patients clinical risk was assessed using relevant national guidelines.	

Information to deliver safe care and treatment

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

	Y/N/Partial
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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 and 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
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	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
<p>Explanation of any answers and additional evidence:</p> <p>Appropriate arrangements were in place for summarising patients records.</p> <p>We saw staff across all roles were appropriately trained and shared information appropriately.</p> <p>There were no backlogs of test results or tasks.</p> <p>Urgent referrals were done the same working day and monitored to encourage and ensure patients attended their appointments.</p>	

Appropriate and safe use of medicines

The practice had 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)	0.70	0.73	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)	8.6%	9.7%	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	5.01	5.58	5.61	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>				
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>	2.75	1.49	2.07	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
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 including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
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.	Y
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.	Y
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
There was medical oxygen and a defibrillator on site and systems to ensure these were	Y

Medicines management	Y/N/Partial
regularly checked and fit for use.	
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There were no controlled drugs on the premises.</p> <p>Records for patients prescribed a range of high risk medicines showed they were appropriately monitored.</p> <p>Patient Group Directions (PGDs) are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We checked three PGDs for nursing staff administering pertussis, shingles and rotavirus. All were in place and appropriate, but nursing staff were not able to access them on the practice system. After our inspection the practice sent us an action plan including sharing PGDs access with the nurses.</p> <p>The Principal GP audited prescribing and consultations for nurse prescriber and pharmacist.</p> <p>For remote prescribing arising following online consultations, a GP contacts the patient to verify identity in advance of assessing the need for a prescription and issuing a prescription.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
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:	16
Number of events that required action:	16
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an effective system to identify, record, analyse and learn from significant events to ensure and improve safety in the practice.</p>	

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

Event	Specific action taken
A patient was prescribed incorrect medicine and came to no harm. The error was identified by a GP a few	Staff contacted the patient and apologised immediately. Clinical staff met to discuss the error and analyse the root cause that was human error. An audit was undertaken to ensure no further patients were affected and it was found to be an isolated incident that was noted by all staff including the

months later.	prescribing GP.
Newly delivered vaccines were left outside the refrigerator over the weekend and were not fit use.	The vaccines were destroyed, a new order made, and the incident was investigated and found to be an error by a new starter staff member. Staff met to discuss the incident and raise awareness and education regarding the cold chain and safe storage of refrigerated medicines.

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: Staff received, filtered, cascaded and followed safety alerts up. We checked two examples where relevant patient searches and actions were undertaken.	

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, but some areas of clinical performance were below average.

	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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: Regular clinical meetings took place where best practice guidelines including NICE guidelines were discussed. Care and care plans were appropriate including for patients with asthma, diabetes, cardiovascular disease, mental health concerns and frail elderly patients.	

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>	1.39	0.33	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
<ul style="list-style-type: none"> Several full year performance data indicators for long term conditions 2017-2018 were below average. The practice had only taken over providing services a year prior to our inspection and unverified data held on the practice system for the full reporting year 2018-2019 indicated the practice had improved in overall performance; however, exception reporting had increased in all these indicators. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). 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. Adults with newly diagnosed cardio-vascular disease were offered statins.

- Patients with suspected hypertension were offered ambulatory blood pressure monitoring, via referral to another provider.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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) <small>(QOF)</small>	51.7%	71.3%	78.8%	Significant Variation (negative)
Exception rate (number of exceptions).	4.2% (9)	6.9%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	59.8%	79.8%	77.7%	Variation (negative)
Exception rate (number of exceptions).	4.7% (10)	5.0%	9.8%	N/A
	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	59.0%	79.7%	80.1%	Significant Variation (negative)
Exception rate (number of exceptions).	4.2% (9)	7.5%	13.5%	N/A
Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.9%	78.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.6% (4)	3.0%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	67.6%	92.0%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	1.3% (1)	6.8%	11.5%	N/A
Indicator	Practice	CCG	England	England

		average	average	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)	60.9%	81.7%	82.6%	Significant Variation (negative)
Exception rate (number of exceptions).	1.4% (7)	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)	79.2%	88.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	5.7%	6.7%	N/A

Any additional evidence or comments

Data showed the practice had a significantly negative performance data variation for:

- 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). The practice was aware of this and taken steps to improve. Unverified data held on the practice system indicated performance had improved to 69% for the full 2019 to 2020 reporting year. However, exception reporting had increased to 12.6% which was above local and national averages for the previous reporting year.
- 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). Unverified data held on the practice system indicated performance had improved to 78% for the full 2019 to 2020 reporting year; however, exception reporting had increased to 14.7% which was above local and national averages for the previous reporting year.
- 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). The practice was aware of this and taken steps to improve. Unverified data held on the practice system indicated performance had improved to 93% for the full 2019 to 2020 reporting year; however, exception reporting had increased to 15% which was above local and national averages for the previous reporting year.
- 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). The practice was aware of this and taken steps to improve. Unverified data held on the practice system indicated performance had improved to 82% for the full 2019 to 2020 reporting year; however, exception reporting had increased to 9% which was above local and national averages for the previous reporting year.

Data showed the practice had a negative performance data variation for:

- 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) was 60% compared to 78% nationally. The practice was aware of this and told us it had taken steps to improve. Unverified data held on the practice system indicated performance had improved to 79% for the full 2019 to 2020 reporting year; however, exception reporting had increased to 21% which

was above local and national averages for the previous reporting year.

In addition, data showed 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) was 76.9% which was in line with averages. However, unverified data held on the practice system indicated performance had fallen to 71% and exception reporting increased to 5.1% for the full 2018 to 2019 reporting year.

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. However, the practice had only taken over providing services a year prior to our inspection and had prioritised high risk considerations for children. The practice had also implemented a plan to improve uptake rates for childhood immunisations, it was calling the parents or guardians of children due to have childhood immunisations to encourage attendance and marking Children that did not attend as “Child not brought”, in line with the local safeguarding protocol.
- We saw evidence when the provider first took over the practice there were areas of significant concern such as healthcare assistant staff undertaking six week baby checks. The practice had enlisted help from a local Paediatric Consultant, and proactively identified and followed up all these patients, exercised the duty of candour, and notified relevant external bodies appropriately.
- 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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	25	33	75.8%	Below 80% uptake
The percentage of children aged 2 who have received their booster immunisation	27	33	81.8%	Below 90% minimum

for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)				
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) (01/04/2018 to 31/03/2019) (NHS England)	27	33	81.8%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	27	33	81.8%	Below 90% minimum

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: Good

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)	62.6%	N/A	N/A	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	51.9%	55.0%	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)	42.9%	45.1%	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)	44.4%	80.4%	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)	37.5%	44.3%	51.9%	No statistical variation
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Any additional evidence or comments

Data showed the practice had a significantly negative performance data variation for:

- 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). However, the practice was aware of this and had only taken over providing services a year prior to our inspection and had taken steps to improve such as a) increasing practice nursing provision including during weekends and evenings; and b) calling patients in for this test as well as undertaking them opportunistically. Unverified QOF (Quality and Outcomes Framework) data held on the practice system indicated 75% of eligible patients had received cervical cancer screening.
- The practice held educational sessions including relating to cancer in May 2019 where a local third sector lead attended, and the practice implemented actions to maintain and improve bowel and cervical cancer screening uptake / coverage, safety netting and the urgent two weeks wait referral process that underpins the number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral).

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- Same day appointments and longer appointments were offered when required.
- Patients with a learning disability were offered an annual health check.
- 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.

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.

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>	71.0%	90.4%	89.5%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.0% (0)	8.4%	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>	74.2%	91.6%	90.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.0% (0)	4.9%	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>	83.3%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	14.3% (2)	4.3%	6.6%	N/A

Any additional evidence or comments

Data showed the practice was tending towards negative variation performance data for:

- 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); however, the practice had only taken over providing services a year prior to our inspection and prioritised urgent concerns, the exception reporting rate was zero, and the practice had taken steps to improve. Unverified data held on the practice system indicated performance had improved to 97% for the full 2019 to 2020 reporting year.
- 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); however, the exception reporting rate was zero and the practice had taken steps to improve. Unverified data held on the practice system indicated performance had improved to 97%

for the full 2019 to 2020 reporting year.

Exception reporting for 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) was higher than locally and nationally.

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/There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	434.5	510.1	537.5
Overall QOF score (as a percentage of maximum)	77.7%	91.2%	96.2%
Overall QOF exception reporting (all domains)	3.4%	5.1%	5.8%

Any additional evidence or comments

Unverified unpublished data held at the practice showed overall QOF performance of clinical domain points for the full year 1 April 2018 to 31 March 2019 was 421.65 out of 435 which is 96.9%, and performance was 124 of 124 points in the public health domain which is 100%.

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

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

Audit area	Impact
To improve diabetes care.	The practice identified this area of care needed improving and conducted monthly continuous cycle audits for all patients with diabetes which the specialist diabetes nurse was continuing to work on. The practice was focusing on a triple target of measures for patients with diabetes that is blood sugar, blood pressure and cholesterol monitoring. During the period January 2019 to July 2019 the percentage of patients with diabetes receiving triple target tests increased on a monthly basis from

	32% to 38%.
To ensure appropriate arrangements for patients that may need co-ordinated care from a range of services, such as palliative care patients, that many need ambulance / hospitals care or to remain at home in some circumstances.	The practice identified this area of care needed improving and conducted monthly continuous cycle audits for all these patients which was led by the practice manager, in conjunction with clinical staff and the trends in results demonstrated improvement.

Any additional evidence or comments	
The practice took part in a local TB screening program.	
The practice had undertaken ten two cycle clinical audits in the last two years including for patient's antibiotics prescribing, and patient's diabetes, COPD, and asthma care.	

Effective staffing

The practice was able 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.	Y
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.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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: We saw staff were able to manage data and by using internal systems effectively in accordance with their roles. For example, referrals to other services were prompt, well documented and followed up. The practice regularly audited cervical screening "inadequate" sample tests and rates were low which indicated sample takers competence.	

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
Explanation of any answers and additional evidence: Monthly multidisciplinary meetings were held as well as additional communications as needed for palliative care, diabetic, and vulnerable patients.	

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
Patients had access to appropriate health assessments and checks.	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
Explanation of any answers and additional evidence: There was varied health promotion in the reception area including relating to immunisations and common ailments. Patients feedback and care plans indicated staff encouraged and educated patients appropriately to help patients live healthier lives.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any	93.1%	96.5%	95.1%	No statistical variation

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)				
Exception rate (number of exceptions).	0.1% (1)	0.7%	0.8%	N/A

Consent to care and treatment

The practice 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
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: We checked records for patient's intimate examinations, cervical screening, and immunisations and saw evidence patient's consent was sought and recorded.	

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
Staff displayed understanding and a non-judgemental attitude towards 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.	15
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Number of CQC comments received which were positive about the service.	11
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	0

Source	Feedback
1. GP Patient Survey results.	Clinical and non-clinical staff are kind, caring and respectful.
2. CQC patient comment cards.	Eleven of the 15 comment cards were entirely positive and four were mixed. Of the four mixed comment cards three expressed dissatisfaction with either getting an appointment or their appointment not running on time. Patients said were caring.
3. NHS Choices	Patients feedback rated the practice four out of a possible five stars and showed patients expressed staff were caring.

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
4085	449	106	23.6%	2.59%

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 (01/01/2019 to 31/03/2019)	86.9%	83.7%	88.9%	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 (01/01/2019 to 31/03/2019)	82.9%	81.0%	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	93.6%	91.3%	95.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
saw or spoke to (01/01/2019 to 31/03/2019)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	82.1%	75.6%	82.9%	No statistical variation

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

Any additional evidence
The practice had undertaken patient satisfaction surveys on a monthly basis since July 2018 and analysed the results to inform service planning and changes. The results were positive and concurred with feedback from the GP patient survey, CQC patient comment cards and NHS choices feedback. Changes the practice had considered or implemented as a result of the survey included additional GP staffing during morning sessions, screening of appointments to ensure appropriate same day access, core hours from 8am instead of 8.30am.

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
1. GP Patient Survey results.	Patients are involved in their care though being listened to and options explained.
2. Patient CQC comment cards.	Patients said staff were professional and that they were confident about the care they received.
3. NHS Choices	The practice scored 3.5 of a possible five stars for patients feeling involvement in their care.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	96.7%	87.9%	93.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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 (01/01/2019 to 31/03/2019)				

	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

Carers	Narrative
Percentage and number of carers identified.	The practice register of all people who are carers is 51 patients, 1.25% of the practice list size.
How the practice supported carers (including young carers).	The practice: <ul style="list-style-type: none"> • Had a website and noticeboard in the reception area included relevant information for carers. • Provided a carers pack for carers information and signposted carers to relevant parties for support. • Offered carers influenza vaccines and members of the management team provided palliative care patients and their carers with support.
How the practice supported recently bereaved patients.	Staff sent them a sympathy card and bereavement support pack as needed. Where appropriate/ desired a patient consultation at a flexible time and location to meet the family's needs. Staff also supported bereaved patients by giving the patient 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.	Y
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:	

Staff were aware of offering a private space if necessary, use of NHS login cards, and documents were promptly filed. We observed staff were quiet when speaking with patients, to minimise the chances of conversations being overheard.

Responsive

Rating: Good

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.	Y
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
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was accessible parking, step free access, a disabled toilet and hearing loop available.</p> <p>There were baby changing and breast-feeding areas.</p> <p>Reception staff were aware of circumstances requiring a home visit such as physical frailty and cognitive impairment.</p> <p>GPs were available for home visits or telephone assessment where necessary.</p> <p>There was no dedicated breastfeeding area, but a spare consulting room was available for use if necessary breastfeeding.</p>	

Practice Opening Times	
Day	Time
Monday	8am-6:30pm
Tuesday	8am-6:30pm
Wednesday	8am-6:30pm
Thursday	8am-6:30pm
Friday	8am-6:30pm
Appointments available: Monday to Friday 9.30am to 12pm and 4pm to 6pm	
	Monday to Friday 8am-6:30pm.
Off-site after hours surgeries- Through a local network hub of GP practices	
	<p>There was an extended hours service set up within the local Primary Care Network (PCN) offering appointments on Saturday and Sunday with a GP, Nurse or Healthcare Assistant between 9am and 12pm.</p> <p>In addition, the CCG provided a wraparound service with GP appointments available between 8am and 8pm Monday to Sunday.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4085	449	106	23.6%	2.59%

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 (01/01/2019 to 31/03/2019)	97.4%	90.6%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> Eighty six percent of Patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients including palliative care and housebound patients, it 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. In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. There was a medicines delivery service for housebound patients via local pharmacists.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment where possible and appropriate. 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: Good

Findings
<ul style="list-style-type: none"> Were available before and after school, for school age children so that they did not need to miss school.

- All under patients five were offered a same day appointment.
- 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.
- 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.
- Off-site after hours surgeries were available through the Primary Care Network (PCN) on Saturday and Sunday between 9am and 12pm, and via the local wraparound service between 8am and 8pm Monday to Sunday.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances 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.
- 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 such as longer appointments. GPs undertook care planning and annual reviews for patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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
<p>Explanation of any answers and additional evidence:</p> <p>Since taking over the practice in May 2018, the provider had installed a new telephone system to improve telephone access, increased GP sessions from eight to 12, increased nursing hours from ten to 20, and provided four hours clinical pharmacist per week.</p> <p>Reception staff were aware of circumstances requiring a home visit such as physical frailty and cognitive impairment; and requiring urgent attention such as a heart attack.</p> <p>GPs were available including for home visits or telephone assessment where necessary.</p> <p>Staff knew when an ambulance would be most appropriate for patients experiencing a clinical emergency.</p>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	76.2%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	67.7%	62.3%	67.4%	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 (01/01/2019 to 31/03/2019)	56.6%	63.0%	64.7%	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 (01/01/2019 to 31/03/2019)	64.6%	66.9%	73.6%	No statistical variation

Source	Feedback
1. GP Patient Survey results.	Were in line with local and national averages for patient's access.
2. Patient CQC comment cards.	Feedback indicated patients were satisfied with current access arrangements.

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.	5
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
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence that complaints were fully investigated and responded to promptly, with transparency and openness. Lessons were learnt from concerns and complaints, but evidence of prompt follow up improvement actions taken as a result of complaints was variable. The complaints log was not readily accessible to relevant staff due to the log sheet IT settings; and there were other occasions where staff meetings where complaints were discussed had been taken or were not accessible on the practice system.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained a member of clinical staff had been rude to them.	The practice acknowledged and responded to the complaint promptly with apologies to the patient regarding their experience of the service and assurance they would speak to the clinical staff member; however, there was no evidence this had taken place.
A complaint regarding a misdiagnosis.	The practice responded promptly and looked into the complaint that was partially upheld. Staff told us the practice staff team met and implemented actions to prevent recurrence.

Well-led

Rating: Good

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: Leaders had the experience and skills to deliver the practice strategy and address risks to it. Staff and patients told us leaders and managers and staff at all levels were compassionate and inclusive. The leadership and management team were flexible in covering all sites as needed. The practice was facing closure and job losses before being taken over by the First 4 Health Group in 2018 when leaders identified and delivered fundamental improvements needed as a priority, including to patient's clinical care, premises fitness and security, appointment access and information governance such as maximising electronic record keeping in line with GDPR.	

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 appropriate continuous professional development arrangements in for both clinical and non-clinical staff which maintained the quality of care afforded to all patient groups. Practice staff confirmed they wanted to do all they could to ensure patients had the right care when they needed it most. Staff were able to articulate the values and priorities of the practice. The practice was aware of areas it needed to improve and had taken steps to do so. The practice followed an ethos of upskilling and education influencing the quality of care afforded to all patient groups.	

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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff had access to and whistleblowing policy and told us there was an open working culture.</p> <p>The practice staff team was cohesive and motivated. Staff told us there was an open and accessible leadership and management team that were focused on providing high and improving standards.</p> <p>Significant events evidence showed the practice was open and honest with patients and apologised to patients, where appropriate.</p>	

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

Source	Feedback
A range of non-clinical and clinical staff.	Staff felt it was a friendly, professional and happy place to work. The receptionists informed us that the practice manager and GPs were very supportive.
Open door policy.	Encouraged openness and support for staff across all roles to approach and discuss any issues with leaders and managers.

Governance arrangements

There were clear roles and systems of accountability but some systems to support good governance needed to be reviewed and improved.

	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:	

There were a variety of internal and external meetings, including where staff discussed best practice guidelines, complaints, patient satisfaction survey results, safety alerts and significant events.

Practice specific policies were in place and accessible via a shared desktop folder and hard copy.

There were clear organisational arrangements including delegated staff and lines of accountability in areas such as safeguarding and infection control.

The First 4 Health Group had recently taken over the practice and was in the process of implementing and embedding all relevant areas of governance. Most were effective and sufficiently accessible, but we found areas that should be reviewed and improved including elements of clinical performance, complaints management and appropriate access to relevant documentation.

After our inspection the practice sent us an action plan that included areas for improvement the inspection identified, including:

- Ensuring all meeting minutes are done within three days of a meeting.
- Giving more information and control to the site manager.
- Reducing exception reporting.
- Sharing with the other First 4 Health sites.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
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.	Y
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 clear systems and processes for safeguarding including registers and alerts for protected and vulnerable patients. Staff were appropriately trained in safeguarding at a level appropriate to their role.	
The practice had undertaken, and analysed Friends and Family test surveys and its own patient's satisfaction survey and these results aligned with the GP Patient survey results that indicated patients were satisfied. We collected 15 CQC patient comment cards where patients feedback indicated the practice was performing in an efficient and caring way, and that staff were kind and professional.	
Health and safety risk assessments and remedial actions were undertaken to improve safety including	

for fire, infection control and premises. The practice had participated in regular drills.

There was an effective major incident plan in place. We noted the staff team across the First 4 Health group of practices comprised almost 100 clinical and non-clinical staff, available to work across sites which provided multiskilling and business resilience.

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
Explanation of any answers and additional evidence:	
The practice used data such as overall QOF performance and GP Patient survey data to monitor and improve care.	
Staff performance appraisals were undertaken annually.	

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.	Y
The practice had an active Patient Participation Group.	Y
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:	
The practice was aware of and provided its services in line with local needs and in line with best practice guidelines.	
The practice had acted on feedback from staff and patients to improve seating in the reception area and lighting in the car park area.	

Staff went on social events and outings together and told their ideas were listened to, and that it was a cohesive and caring staff team that felt motivated and supported.

Feedback from Patient Participation Group.

Feedback

The PPG was complimentary about the practice and its staff and told us there was a positive and proactive partnership working relationship.

The PPG had submitted proposals to improve seating in the waiting area that had been implemented.

Continuous improvement and innovation

There was 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

There as a range of continuous clinical improvement activity including monthly diabetes clinical audits. The First 4 Health Group took over the practice in May 2018 when there were a range of areas that needed to be improved which they had delivered as shown through improving clinical performance data, staff recruitment and retention, an effective IT system and organisational structure with clear delegated lines of responsibility that were maintained.

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.