

Care Quality Commission

Inspection Evidence Table

Leighton Road Surgery (1-582132545)

Inspection date: 10 July 2019

Date of data download: 05 July 2019

Overall rating: Inadequate

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

Safe

Rating: Inadequate

Following our inspection in February 2019, we rated the practice as requires improvement for providing safe services because:

- The system to manage pathology results was ineffective and blood results were not being reviewed in a timely manner.
- We found out of date dressings in clinical rooms.
- The system to ensure prescription stationery was appropriately managed was ineffective.
- Safety alerts were not appropriately managed and there was no oversight to ensure these had been actioned. We looked at recent safety alerts and some of these had not been appropriately actioned.

Following our inspection in July 2019, we rated the practice as Inadequate for providing safe services because:

- The system to manage medicine and safety alerts had not improved. We looked at two recent safety alerts that were issued since the February 2019 inspection, and found that they had not been actioned appropriately. Staff we spoke to were unaware of these alerts.
- Medicines that required additional monitoring were not appropriately managed. Records we looked at showed some patients were not receiving the appropriate blood tests at the necessary time.
- We saw evidence that fridges containing vaccinations and emergency medicines were accessible to the public and unlocked. Sharps bins were also not stored safely.
- Cleaning logs of rooms and multiple-use equipment were not maintained.
- Pathology results were reviewed in a timely manner however, appropriate action was not always taken.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse however, locum staff were not always aware of these processes.

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.	Partial
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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>Clinical locum staff we spoke with were unclear of the practice process to escalate safeguarding concerns.</p> <p>The practice held regular meetings with community teams and had processes to refer patients to this meeting for discussion, however some locum staff were not aware of this process or who was the practice safeguarding lead.</p> <p>Nursing and non-clinical staff we spoke with felt confident in the safeguarding process and were comfortable raising concerns.</p>	

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

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: 20/07/2019	Y
There was a record of equipment calibration. Date of last calibration: 11/12/2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 15/11/2018	Y
There was a log of fire drills. Date of last drill: 03/12/2018	Y
There was a record of fire alarm checks. Date of last check: 15/02/2019	Y
There was a record of fire training for staff. Date of last training: Ongoing as required	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 15/05/2017	N
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 14/06/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 14/06/2019	Y
<p>Explanation of any answers and additional evidence:</p> <p>A fire risk assessment had not been completed in over two years.</p> <p>We saw that health and safety monitoring was completed on a monthly basis at each site. We saw actions that had been identified, such as floor repairs, had been completed.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met however, the safe management of sharps waste, such as needles, was lacking.

	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: 10/02/2018	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.	N
<p>Explanation of any answers and additional evidence:</p> <p>We saw that sharps bins that contained needles were accessible to patients, including children, which may increase the risk of needlestick injuries. We also saw evidence of full sharps bins and a broken bin containing visible sharps that had remained in clinical rooms.</p> <p>At the February 2019 inspection, we saw that there were out of date dressings in some clinical rooms. At the July 2019 inspection, we saw that this issue had been resolved and a specific stock room had been set up to store dressings which ensured they were able to be checked regularly.</p>	

Risks to patients

There were systems in place to assess, monitor and manage risks to patient safety however, there was a lack of clinical capacity.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	N
There was an effective induction system for temporary staff tailored to their role.	Partial
Comprehensive risk assessments were carried out for patients.	N
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.	N
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Explanation of any answers and additional evidence:

Following the February 2019 inspection, the practice had seen a reduction in clinical staffing from nine salaried GPs to seven and from ten practice nurses to nine. The practice told us they had also seen a reduction in clinical staff prior to the February 2019 inspection. The practice was actively looking to recruit further GPs, nurses and locum staff. Clinical staff absences or annual leave resulted in the cancelling of clinic appointments.

The practice was unable to provide evidence of how patients were prioritised. We saw evidence that patients requiring urgent appointments were signposted to other services.

The practice had a locum induction pack however staff we spoke with were unaware of how to escalate safeguarding concerns.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment, however there was not always clinical oversight of test results.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented 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.	Partial
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	N
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>At the February 2019 inspection we found that the management of pathology results was ineffective and abnormal blood results were not being reviewed in a timely manner.</p> <p>At the July 2019 inspection, we found the practice had reviewed this system, results were reviewed in a timely manner and there was no longer a backlog. However, we saw evidence of a lack of clinical oversight for some groups of patients, such as those at risk of diabetes, where abnormal blood results had been reviewed by a clinician but the patient had not been followed up. We saw that 96 patients who had abnormal blood test results that indicated diabetes had not been appropriately followed up.</p>	

Appropriate and safe use of medicines

The practice had some systems for the appropriate and safe use of medicines, including medicines optimisation. However, the system for managing medicines that required additional monitoring was ineffective.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	0.85	0.90	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) <small>(NHSBSA)</small>	7.0%	8.7%	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 Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>	4.94	5.95	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) <small>(NHSBSA)</small>	1.64	2.11	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.	N
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

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	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.	N
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 regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Fridges that contained emergency medicines and vaccinations were in patient accessible areas and were unlocked. We also saw that emergency medicines were stored at a low level in patient accessible areas and were unsecured.</p> <p>At the February 2019 inspection, we saw that prescription stationery was not managed appropriately. Following our inspection, we received evidence that the practice had designed a protocol to log prescriptions. At the July 2019 inspection, we saw that this had been embedded.</p> <p>We reviewed patients taking two medicines that required additional monitoring and saw that not all patients had received appropriate monitoring within the recommended time frame. We saw that 74 patients were prescribed medicines that required regular monitoring; however, 14 patients had not had all the required blood tests. We saw that ten patients were on a medicine for thyroid function and two of these patients had not received appropriate monitoring. We saw evidence that letters had been sent to patients in some cases however, these had not been followed up.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong however, locum staff did not consistently report incidents.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Partial
There was a system for recording and acting on significant events.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	17
Number of events that required action:	17
Explanation of any answers and additional evidence:	
The practice had a system to record and discuss learning from significant events. However, a member of locum staff we spoke to had not consistently raised incidents and therefore learning from these events had not been identified. They told us they were aware of how to raise incidents but had not completed the process. Nursing and non-clinical staff were able to explain the reporting system and were confident these would be dealt with.	

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

Event	Specific action taken
Confusion caused when a request for an ambulance to transfer a patient to hospital was made.	The practice developed a protocol for transporting patients to hospital via ambulance to reduce confusion for future events. This included reception staff being responsible for contacting the ambulance service and the appropriate clinician being available for handover to ambulance crews.
Lack of GP availability during extended hours clinic.	GPs are always present at extended hours clinics. Asthma clinics are no longer held at these times.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	N
Staff understood how to deal with alerts.	N
<p data-bbox="57 344 810 380">Explanation of any answers and additional evidence:</p> <p data-bbox="57 439 1513 656">At the February 2019 inspection, we found there was limited oversight of safety and medicines alerts. At the July 2019 inspection, we found there had not been improvements in this area. We looked at two recent safety alerts for thyroid medicine and diabetic medicine that were published in February 2019. We found that appropriate action had not been taken. We saw examples where patients had not received appropriate information regarding their medicines in line with these alerts. Staff we spoke with were not aware of recent medicine and safety alerts.</p>	

Effective

Rating: Inadequate

At the February 2019 inspection we rated the practice as Good for providing effective services.

At the July 2019 inspection we rated the practice as inadequate for providing effective services because:

- We saw evidence of a lack of clinical oversight and clinical systems to ensure patients were appropriately entered onto disease registers.
- We saw evidence to show that not all patients with a long-term condition received appropriate reviews.
- We saw examples of abnormal blood results not being actioned or followed up. We also saw examples of patients who had not attended appointments not being followed up.
- We saw evidence of patients being inappropriately exception reported who had not had the appropriate follow up. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- We found the system for checking the monitoring of medicines that required review was not effective.

These concerns affect all population groups and therefore we have rated all population groups as inadequate for effective.

Effective needs assessment, care and treatment

We reviewed the practice's processes for ensuring patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance and found improvements were needed.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	N
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.	Partial
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	N
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
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Explanation of any answers and additional evidence:

The practice worked in line with the latest guidance from the National Institute for Clinical Excellence (NICE). However, recent safety alerts for thyroid and diabetes medicines, both published in February 2019, had not been acted on and staff we spoke with were unaware of them.

Patients told us there were difficulties in obtaining an emergency appointment. Some staff told us they felt there was a lack of face to face consultation availability. We saw that if patients telephoned the practice late in the day emergency appointments were not available, and patients were directed towards local walk-in centres or NHS 111 services. Reception staff told us they were trained in how to recognise acutely unwell patients and would try and book appointments with the duty doctor; however, this was not always possible.

We saw evidence to show patients were not always followed up to ensure treatment continued to be effective and appropriate. We saw examples of patients with abnormal blood results not being invited in for further investigation or having treatment reviewed.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.73	0.84	0.77	No statistical variation

Older people

Population group rating: Inadequate

Findings

- The practice used a 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 nursing team followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age. However, patients told us there was difficulty in making appointments for these assessments.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Inadequate

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. However, these reviews were not consistently completed due to lack of appointment availability. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. However, we saw that patients were not always reviewed following a change in treatment.
- We saw that there was limited oversight of patients with a diagnosis of diabetes, or possible diagnosis of diabetes, because a GP who has now left the practice was responsible for this. However, at the time of our inspection, the practice had not ensured an effective system was implemented to ensure oversight of these patients.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Practice nursing staff 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 told us how they identified patients with commonly undiagnosed conditions, for example chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. However, we saw that abnormal blood results were not actioned appropriately, and patients told us there was difficulty in making appointments when they had health concerns or required review of test results.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring. However, patients told us it was difficult to get results reviewed.
- 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>	89.6%	79.5%	78.8%	Variation (positive)
Exception rate (number of exceptions).	31.8% (268)	16.1%	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>	71.9%	75.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	23.3% (197)	14.0%	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>	82.6%	82.4%	80.1%	No statistical variation
Exception rate (number of exceptions).	28.3% (239)	15.8%	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) <small>(QOF)</small>	74.3%	76.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (17)	8.1%	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>	92.0%	90.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	6.3% (21)	14.0%	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) <small>(QOF)</small>	81.4%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	7.2% (203)	5.2%	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) <small>(QOF)</small>	89.1%	92.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.0% (15)	4.9%	6.7%	N/A

Any additional evidence or comments

Exception reporting within diabetes was higher than national and local averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) We reviewed records for some diabetic patients and found that patients had received minimal follow up, monitoring or review prior to being excepted. We looked at six patients and two of these had not received appropriate reviews. We also saw that patients were not followed up appropriately after starting new medication regimes. Records showed that patients with abnormal blood results that indicate diabetes had not been invited into the practice for further investigation or entered onto disease registers. We saw evidence that some letters had been sent but these had not been followed up and patients who had not attended appointments were not contacted.

We also saw that lead clinicians had limited knowledge of exception reporting and the practices' current performance in this area.

Families, children and young people

Population group rating: Inadequate

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- 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. Midwife clinics were held at the practice.
- 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>	327	340	96.2%	Met 95% WHO based target (significant variation positive)
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>	322	333	96.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	323	333	97.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	321	333	96.4%	Met 95% WHO based target (significant variation positive)

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: Inadequate

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. However, patients told us there was difficulty making appointments for these assessments.
- 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)	72.6%	74.0%	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)	73.7%	73.1%	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)	57.5%	56.3%	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)	58.7%	60.1%	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)	64.8%	55.7%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Inadequate

Findings

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- 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. These patients were referred to local support programmes.

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

Population group rating: Inadequate

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.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice had plans to use an electronic tool to assist with the diagnosis of dementia.
- All staff had received dementia training in the last 12 months.
- 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) ^(QOF)	74.5%	89.9%	89.5%	Tending towards variation (negative)
Exception rate (number of exceptions).	17.7% (22)	20.2%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)	87.3%	91.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	17.7% (22)	17.1%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)	78.0%	83.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.6% (5)	8.5%	6.6%	N/A

Monitoring care and treatment

The practice had a programme of quality improvement activity however this required strengthening.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550.3	538.7	537.5
Overall QOF score (as a percentage of maximum)	98.4%	96.4%	96.2%
Overall QOF exception reporting (all domains)	8.5%	6.4%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Partial
Quality improvement activity was targeted at the areas where there were concerns.	N
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw at the February 2019 inspection that the practice conducted clinical audits to ensure care was appropriate and effective; however, at the July 2019 inspection, the practice had not completed any additional audits or quality improvement activity in the areas of capacity or identified how this may affect patient care, particularly for those with long term conditions. Audits that had been completed had not identified that processes around care of complex patients, such as diabetics or those prescribed medicines that required additional monitoring, needed strengthening.</p>	

Examples of clinical audits in past two years

- Several prescribing audits had been completed for antibiotic use including audits for acute coughs and recurrent urine infections. These all suggested appropriate antibiotic use.
- Topics for clinical audits were discussed at clinical governance meetings. Results and actions were also disseminated at these meetings. However, no audits or quality improvement activity had been completed in the areas such as medicines or safety alerts where the processes were found to be ineffective.

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.	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.	N
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.	N
<p>Explanation of any answers and additional evidence:</p> <p>The practice did not use the Care Certificate for Health Care Assistants framework for induction and training of staff; however, their induction programme covered the same skill set and staff were appropriately inducted and supported.</p> <p>At the February 2019 inspection, we saw that appraisals had not been completed due to the practice re-structure that had affected some staff members. At the July 2019 inspection, we found that staff appraisals had been completed. Staff we spoke to told us that they had received an appraisal.</p> <p>We saw there was limited oversight of locum staff and regular audit of their practice was not completed.</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)	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: The practice held regular meetings with community teams to ensure care was co-ordinated. Specific meetings were held between safeguarding leads, health visitors and district nurses to discuss vulnerable children and adults. The practice held regular internal clinical governance meetings. Minutes of these meetings were available to staff via the intranet.	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives however, appointments for health checks were not always available.

	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.	Partial
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:	
Patients were referred to community services and support programmes as appropriate.	
There was posters and literature in waiting areas to promote national initiatives such as 'stop smoking' campaigns. Self-care information was available.	
Patients told us there was difficulty in making routine appointments for health checks or assessments. Patients also told us there was difficulty in obtaining acute prescriptions due to the lack of appointments. We saw evidence that the next routine appointment was available in six weeks' time.	

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>	93.0%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (39)	1.0%	0.8%	N/A

Consent to care and treatment

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

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

Caring Improvement.

Rating:

Requires

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

Source	Feedback
Patient Interviews	Patients were positive about the care received from both clinical and non-clinical staff. They told us reception staff were friendly and helpful and clinical staff were caring and compassionate.
Pre-inspection information	Some patients told us that they felt that staff were unprofessional, and they felt rushed in 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
20875	266	108	40.6%	0.52%

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)	87.8%	88.7%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	80.1%	85.8%	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)	96.5%	95.8%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	77.2%	82.6%	83.8%	No statistical variation

Any additional evidence or comments

The practice was aware of the national GP patient survey scores. Staff we spoke to demonstrated a strong commitment to patient care.

Shortly after our inspection, the 2019 GP Patient survey results were published:

81% of respondents responded positively to the healthcare professional being good at listening to them during consultations. This was lower than local and national averages which were 88% and 89% respectively. This was lower than the 2018 figures where 88% of respondents responded positively.

75% of respondents responded positively to the healthcare professional treating them with care and concern during consultations. This was lower than the local and national averages at 85% and 87% respectively. This was lower than the 2018 figures where 80% of respondents responded positively.

95% of respondents responded positively to having confidence and trust in their healthcare professional. This was in line with local and national averages at 95%. This was also in line with the 2018 figures where 96% of respondents responded positively.

53% of respondents responded positively to the overall experience of the practice being good. This was lower than the local and national averages at 79% and 83% respectively. This was lower than the 2018 figures where 77% of respondents responded positively.

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

Any additional evidence

The practice had not completed any patient feedback exercises; however, they maintained a log of complaints and compliments. The practice told us they felt they understood how patients felt about the practice and therefore had not conducted their own survey. The practice did not have an action plan in place to address the lower than average GP survey results.

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
Interviews with patients.	Patients told us they felt involved in their care and that changes in treatments were explained to them. Several patients we spoke to were particularly pleased with the nursing service offered.

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)	89.5%	92.7%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had 419 registered carers, which equates to approximately 2% of the practice population.
How the practice supported carers (including young carers).	The practice had developed carers packs with resources available. Carers were invited for seasonal vaccinations where appropriate.
How the practice supported recently bereaved patients.	The practice sent bereavement cards and offered home visits where necessary.

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
<p>Explanation of any answers and additional evidence:</p> <p>Telephone calls were taken in a dedicated call centre that was away from patients or reception desks. Patients were asked to wait away from reception desks and the practice had music playing to prevent patients from being overheard.</p>	

Responsive

Rating: Inadequate

At the February 2019 inspection, we rated the practice as requires improvement for providing responsive services because:

- Patients told us they found accessing the practice by telephone was difficult.
- The national GP Survey results were below local and national averages.
- The practice had responded to patient feedback and made improvements in relation to access, however, levels of patient satisfaction was still low.

At the July 2019 inspection, we rated the practice as inadequate for providing responsive services because:

- The practice had not completed any patient surveys to ascertain the views of patients particularly in relation to access.
- Results from the most recent national GP patient survey published in July 2019 highlighted a significant drop in patient satisfaction since the last published results in 2018.
- Patients told us there was still difficulty in accessing the practice by telephone and getting a routine or urgent appointment when they needed. Patients also told us that phone lines would regularly cut out during phone calls and we saw examples of this happening on the day of inspection.
- Some staff told us they felt there was not enough provision for face to face appointments.
- Patients told us they often suffered delays in receiving repeat prescriptions for medicines due to delays in appointment availability with GPs and nurse prescribers.

These concerns affect all population groups and therefore we have rated all population groups as inadequate for responsive.

Responding to and meeting people's needs

The practice did not organise and deliver 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.	N
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Partial
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.	Partial
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	

The practice aimed to provide a variety of services to its patient population. At the time of our inspection, the practice offered 49 GP sessions a week. We noted this had reduced in comparison to the 82 GP sessions available during our inspection in February 2019.

The practice offered face to face and telephone appointments with home visits available for housebound patients. Patients who require an on-the-day appointment were booked a telephone appointment with a GP who would triage patients to ascertain whether they needed to attend the practice.

Patients told us there was difficulty making appointments and some clinical and non-clinical staff told us they felt there was not enough provision for face-to-face appointments. Call centre staff told us they faced high levels of calls and they were unable to provide the number of appointments that were requested.

Practice Opening Times

Day	Time
Opening times: Grovebury Road Surgery	
Monday	8am – 6.30pm
Tuesday	8am – 8.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Leighton Road site is open from 8am – 5.30pm Monday to Friday	
Appointments available:	
Monday – Friday	Telephone triage for on-the-day appointments, telephone appointments, pre-bookable appointments, drop-in blood testing clinics

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
20875	266	108	40.6%	0.52%

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)	93.0%	94.1%	94.8%	No statistical variation

Any additional evidence or comments

Data from the national GP Patient survey published in July 2019 showed that 94% of respondents stated that at their last general practice appointment, their needs were met.

Older people

Population group rating: Inadequate

Findings

- All patients had a named GP who supported them in whatever setting they lived. However, patients told us they found it difficult to book GP appointments with specific clinicians.
- The practice offered home visits for housebound patients as appropriate however, urgent appointments for those with enhanced needs and complex medical issues were not always available. Where appointments were not available, patients were signposted to local walk-in centres or NHS 111 services.
- The practice provided effective care coordination to enable older patients to access appropriate services through regular meetings with community teams.
- 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.

Findings

- Patients with multiple conditions were not always able to have their needs reviewed in one appointment due to specialisms of nursing staff.
- 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.
- There was a lack of oversight for patients with diabetes, or potential diagnosis of diabetes, since the GP who had responsibility for these patients had left. The practice had not assessed how this would affect patient safety or put systems in place to monitor these patients.
- The practice provided 'drop-in' blood test clinics at the Leighton road site on a daily basis.

Families, children and young people

Population group rating: Inadequate

Findings

- Additional nurse appointments were available until 8pm on a Tuesday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child who was on the safeguarding list were offered a same day telephone appointment. However, if the child was not on the safeguarding list, same day appointments were not always available.

Working age people (including those recently retired and students)

Population group rating: Inadequate

Findings

- The needs of this population group had been identified and the practice told us they had tried to adjust the services it offered to ensure these were accessible, flexible and offered continuity of care. However, patients told us this was not always effective.
- The practice was open until 8pm on a Tuesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice worked as part of the out of hours provision for the locality. Appointments were available Saturday from 8am – 2pm.

People whose circumstances make them vulnerable

Population group rating: Inadequate

Findings

- The practice held a register of patients living in vulnerable circumstances including 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. These patients were discussed in multi-disciplinary team meetings with community services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. The practice told us they offer longer appointments for patients with a learning disability on a Saturday as this is quieter. However, patients told us there was difficulty in making routine appointments.

People experiencing poor mental health (including people with dementia)

Population group rating: Inadequate

Findings

- Priority appointments were not always available for 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.
- The practice mental health link worker was available for those patients suffering from a mental health condition.

Timely access to the service

People were not consistently 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.	Partial
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.	N
<p>Explanation of any answers and additional evidence:</p> <p>The practice maintained a 'priority patient' list and these patients were prioritised for telephone appointments if they contacted the practice. Reception and call-centre staff were trained and felt confident to recognise patients with urgent care needs and referred these to the duty doctor. However, if these patients called late in the day and no appointments were available, they were referred to local walk-in centres or NHS 111 services.</p> <p>Patients requesting a home visit were telephoned by a clinician to assess the need for a home visit. Staff told us that if a clinician was unable to work due to sickness, there was no provision to cover these appointments and they had to be cancelled and rearranged. There was no evidence that systems were in place to avoid cancelling appointments for vulnerable or complex patients.</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 (01/01/2018 to 31/03/2018)	59.0%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	57.9%	67.1%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	49.8%	62.1%	65.9%	Tending towards variation (negative)
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)	59.6%	72.5%	74.4%	Tending towards variation (negative)

Any additional evidence or comments

- The practice had implemented a telephone triage system in 2018 with support from the local Clinical Commissioning Group (CCG). Following this, the practice advised there was a large increase in the number of complaints from patients.
- Face to face appointments were available for pre-booked appointments however, on-the-day appointment requests were given a telephone appointment. Patients told us they still had difficulty making routine appointments. On the day of inspection, the next routine appointment was six weeks ahead.
- Staff told us they felt there was a lack of face to face service provision.
- The practice was actively recruiting for GPs and in the process of recruiting six additional locums however, the clinical capacity was less than would be expected for the practice's patient population. At the time of inspection the practice was offering 49 GP sessions which was a decrease from the offered 82 sessions at the February 2019 inspection. The practice also told us that they were recruiting more minor illness nurses.
- The practice had a dedicated telephone call centre that had six telephone lines. We looked at staff rotas and saw that there were usually six members of staff to manage these calls. The practice had also recently recruited two additional staff to work in this area. On the day of inspection, the telephone lines were unreliable and kept disconnecting. Some staff told us this was happening more frequently in recent weeks however, others told us that it was due to a power surge earlier in the day.

Shortly after our inspection, the 2019 GP Patient survey results were published:

17% of respondents responded positively to how easy it was to get through to someone at their GP practice on the phone. This was lower than local and national averages which were 64% and 68% respectively. This was lower than the 2018 figures where 59% of respondents responded positively.

33% of respondents responded positively to the overall experience of making an appointment. This was lower than the local and national averages at 63% and 67% respectively. This was lower than the 2018 figures where 58% of respondents responded positively.

37% of respondents were very satisfied or fairly satisfied with their GP practice appointment times. This was lower than local and national averages at 60% and 65% respectively. This was lower than the 2018 figures where 50% of respondents responded positively.

44% of respondents were satisfied with the type of appointment (or appointments) they were offered. This was lower than the local and national averages at 70% and 74% respectively. This was lower than the 2018 figures where 59% of respondents responded positively.

3% of respondents reported that they were able to see or speak to their preferred GP. This was lower than the local and national averages at 44% and 48% respectively. This was lower than the 2018 figures where 20% of respondents responded positively.

Source	Feedback
NHS Choices	Patients using this online feedback system have expressed dissatisfaction with the availability of GP appointments and telephone systems. Negative reviews have continued to increase over recent months.
Patient interviews	Most patients told us there was difficulty making appointments and contacting the practice via the telephone. Some patients told us they felt that attending the practice when it opened to book an appointment was easier than contacting them via the telephone due to long call waiting times and disconnecting phone lines.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care however, there was a large number of complaints regarding access and appointment availability.

Complaints	
Number of complaints received since the last inspection	32
Number of complaints we examined.	Four
Number of complaints we examined that were satisfactorily handled in a timely way.	Four
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0 (One referred in November 2018 but not upheld)

	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>The practice was aware they had received a high level of patient complaints. All complaints into the practice were managed by the patient liaison manager. These complaints were tracked and analysed for themes and discussed at practice meetings.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A clinic was cancelled, and patients were not informed therefore attended the practice	Communication with reception team improved so that they are aware of any changes to clinics and could inform patients appropriately.
A number of complaints regarding gridlocked telephone lines and appointment availability	The practice had plans to review how they manage patients who do not attend appointments which leads to a waste of clinical time. However, there are no plans to address the telephone lines.

Well-led

Rating: Inadequate

At the February 2019 inspection we rated the practice as Good for providing well-led services.

At the July 2019 inspection we rated the practice as inadequate for providing well-led services. We saw that the practice had faced challenges with a reduction in capacity and appointment availability however, they had failed to address this risk or put systems in place to ensure patient safety. This had led to the following concerns;

- Since the February 2019 inspection, clinical capacity had reduced, and the practice had not formally assessed the risk of this to patients or put in place any remedial actions.
- The reduction in clinical capacity had resulted in a lack of clinical oversight. Leaders had identified that patients had difficulty with accessing the practice; however, they did not have a formal action plan in place to address these challenges.
- The practice was unable to provide evidence that processes were in place to ensure that the patients who required emergency appointments were able to be seen in a timely manner.
- The practice did not conduct any form of assessment or audit to monitor appointment capacity or demand, despite the significant decrease in clinical capacity and levels of patient dissatisfaction particularly in relation to access.
- The practice had not completed any patient surveys or feedback exercises to seek patients views.
- The practice had not completed any succession planning.
- Risks to patient safety were not appropriately managed including management of safety alerts, management of patients with long term conditions, patients prescribed high risk medicines, emergency medicines and sharps waste.
- Locum staff were not invited to practice meetings and did not have a clear understanding of practice processes.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
They had identified the actions necessary to address these challenges.	N
Staff reported that leaders were visible and approachable.	Partial
There was a leadership development programme, including a succession plan.	N
Explanation of any answers and additional evidence: The practice was aware of patient complaints regarding poor access and appointment availability. However, the practice had not created an action plan for how they would address these challenges such as those relating to access and the significant reduction in clinical capacity. The practice leaders told us they were actively looking to recruit GPs and were in the process of recruiting six short term locum GPs	

and four additional practice nurses. The practice had not assessed the impact of offering nursing appointments rather than GP appointments. The practice had not sampled nursing appointments to ensure these were being booked appropriately.

Most staff told us they felt supported by the management teams and felt confident in approaching them with concerns. Some staff told us they were not confident these concerns would be addressed.

The practice had two registered partners, one clinical and one non-clinical. The practice had not completed any formalised succession planning, there was no formal business plan in place.

Vision and strategy

The practice did not have a credible strategy to provide high quality sustainable care or address its current challenges.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	N
There was a realistic strategy to achieve their priorities.	N
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	N
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	N
Explanation of any answers and additional evidence:	
<p>The practice had a vision of providing high quality patient care however, they did not have a formal strategy to achieve this. The practice had not created a business plan or action plan to address the ongoing challenges of patient access, appointment availability and clinical capacity. The practice did not conduct regular assessment or audits or undertake monitoring of clinical capacity, appointment availability or demand.</p> <p>Staff we spoke to showed a high commitment to patient care and worked within their resources to support patients.</p>	

Culture

The practice had a culture which was honest and open; however, processes to provide high quality care were inconsistent due to lack of clinical oversight.

	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.	N
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>The practice had not assessed the impact of changing appointment structures on staff well-being. Some reception and call-centre staff told us they did not always feel supported or their concerns were listened to. Some staff told us they had raised concerns regarding appointment availability and they were unaware of any action that had been taken.</p>	

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

Source	Feedback
Staff Interviews	Most staff told us they felt supported by practice management and they were visible and approachable. Staff told us they enjoyed working at the practice. Some staff told us that they did not feel that they were supported by management and that leadership teams did not fully understand the difficulties faced by staff.

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	N
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:	
<p>The practice had ineffective systems to ensure good governance or address the current challenges around patient access. The practice had not ensured that the reduction in GP availability was managed to ensure patients remained safe.</p> <p>The practice did not always maintain good clinical oversight of patients. We saw evidence to show patients had not been invited to attend the practice for reviews or investigations, including where concerns had been identified. Records we looked at showed patients were not consistently being informed of relevant information regarding their treatment following safety alerts. We saw that abnormal blood results were not consistently acted on. There was a lack of oversight of patients who were prescribed medicines that required additional monitoring and we saw evidence of prescriptions being dispensed without the relevant blood results being available.</p>	

Managing risks, issues and performance

There were some processes for managing risks, issues and performance however, some were ineffective. No formal planning had taken place to mitigate the risk of a lack of appointment availability.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	N
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	N
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.	N
Explanation of any answers and additional evidence:	
The practice had not assessed the risk of a reduction in GP and appointment availability and did not have formal plans in place to address this risk.	
The practice worked with the CCG when the telephone triage system was introduced in June 2018. The practice considered the impact on services however, they had not formally assessed or put actions into place to mitigate the risk of reduced clinical provision.	
The practice did not have an effective risk management system in regard to safety alerts, emergency medicines and sharps waste.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	N
Performance information was used to hold staff and management to account.	N
Our inspection indicated that information was accurate, valid, reliable and timely.	N
Staff whose responsibilities included making statutory notifications understood what this entails.	N
Explanation of any answers and additional evidence:	
The practice monitored clinical indicators however, we saw evidence that patients with long term conditions were not correctly coded or exception reported. This may have led to patients not being	

appropriately reviewed or monitored. The practice assured us that patients would be reviewed following the inspection, however we did not receive any evidence of this. Due to the incorrect clinical coding and poor follow up of patients, disease registers were not up-to-date or accurate.

There was no evidence that feedback was given to staff regarding clinical indicators or that this was used to drive performance.

The practice did not have a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous manager had deregistered in 2013. Statutory notifications had not been submitted in relation to this.

Engagement with patients, the public, staff and external partners

The practice did not consistently involve 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.	N
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	N
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	N
Explanation of any answers and additional evidence:	
<p>The practice had not completed any formal patient survey exercises to seek patient views. They told us this was because they felt they understood patients concerns and there was no need to complete a formal survey.</p> <p>The practice did not have an action plan in place to address areas of patient dissatisfaction highlighted from complaints received to the practice and also within the national GP survey results, particularly in relation to access.</p> <p>The practice had an active Patient Participation Group (PPG) who met regularly with the practice management teams. The PPG supported the practice in dealing with local media complaints and the roll out of more online services.</p> <p>Most staff told us they felt involved in practice changes however, some staff told us they had raised concerns regarding the provision of face to face appointments and felt these had not been dealt with.</p> <p>The practice had some working relationships with the Clinical Commissioning Group; however, we were told by external stakeholders that support from these groups was not always accepted.</p> <p>We saw no evidence of improvement or innovation to deal with the current challenges.</p>	

Feedback from Patient Participation Group.

Feedback

We were unable to speak with the Patient Participation Group at this inspection due to its unannounced nature.

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.