

Care Quality Commission

Inspection Evidence Table

Cloister Road Surgery (1-566718904)

Inspection date: 21 August 2019

Date of data download: 08 August 2019

Overall rating: Requires improvement

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

Safe

Rating: Requires improvement

We rated the practice as requires improvement for providing safe services because:

- Blank prescription forms for use in printers and handwritten pads were not handled in accordance with national guidance.

Safety systems and processes

The practice had 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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> All staff had received up-to-date safeguarding and safety training appropriate to their role. Staff who acted as chaperones were trained for their role and had received a DBS check 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Recruitment checks were carried out and the two staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. 	

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: 5 December 2018.	Y
There was a record of equipment calibration. Date of last calibration: 4 December 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: January 2019.	Y
There was a log of fire drills. Date of last drill: January 2019.	Y
There was a record of fire alarm checks. Date of last check: 18 August 2019.	Y
There was a record of fire training for staff. Date of last training: August 2019.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 3 January 2019.	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • A fire evacuation procedure was in place. On the day of the inspection, we noted the fire evacuation plan had not included satisfactory information on how staff could support people with mobility problems to vacate the premises nor had the provider carried out a documented risk assessment for such a situation. However, on 9 October 2019, the practice had submitted a new fire emergency evacuation plan which was completed on 7 October 2019. • Fire system was serviced in April 2019. • Electrical installation condition inspection was carried out on 19 January 2018. • Gas boiler was serviced on 27 September 2018. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 15 August 2019.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 23 July 2019.	Y
Explanation of any answers and additional evidence:	

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: December 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.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had up to date legionella risk assessment (January 2019) in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, on the day of the inspection, the practice was unable to demonstrate that the regular water temperature checks had been carried out. A week after the inspection, the practice had submitted a water sample analysis report which was carried out in April 2019. This report also included water temperature readings. On 9 October 2019, the practice had submitted evidence of regular water temperature checks carried out by the host who was responsible for managing the premises.	

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: <ul style="list-style-type: none"> • The practice operated a system to organise annual leave and cover for unexpected absences. • All requests for home visits were triaged by the duty GP. • There were public awareness posters in the waiting area and on the screen. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">All test results and referrals were managed and checked on a regular basis to ensure all were appropriate and actioned. Any abnormal or concerning test results were actioned by one of the clinicians in a timely manner.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.57	0.74	0.88	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2018 to 31/03/2019) (NHSBSA)	13.3%	9.8%	8.7%	Tending towards variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)	5.45	5.97	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	1.08	1.21	2.07	Tending towards variation (positive)

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.	No
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.	N/A
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

Medicines management	Y/N/Partial
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.	N/A
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
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> <ul style="list-style-type: none"> The practice stored prescription stationery securely. However, on the day of the inspection, we saw blank prescription forms for use in printers and handwritten pads were not handled in accordance with national guidance as these were not recorded correctly and tracked through the practice at all times. 	

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:	9
Number of events that required action:	9

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

Event	Specific action taken
Wrong dose of warfarin (a blood-thinning medicine used to treat or prevent blood clots in veins or arteries) was prescribed.	The practice had developed a new protocol and advised all clinicians to follow new guidelines regarding change in prescribing dosage.

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: <ul style="list-style-type: none"> There was an effective system in place to receive and share all safety alerts. If the action was required, this was assigned to an appropriate member of staff and it was recorded when this action complete. 	

Effective

Rating: Requires improvement

We rated the practice as requires improvement for providing effective services because:

- The practice's uptake of the childhood immunisations rates and cervical cancer screening rates were below the national averages and action taken had not yet demonstrated improved outcomes.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHSBSA)	0.29	0.51	0.77	Variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- 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: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- 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>	74.5%	77.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	4.2% (13)	10.3%	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>	59.9%	77.2%	77.7%	Variation (negative)
Exception rate (number of exceptions).	6.5% (20)	7.5%	9.8%	N/A

Any additional evidence or comments

- The practice was aware of these results and had taken steps to improve the outcomes related to patients with diabetes. According to the current QOF year 2019/20 unverified score, the practice's

performance demonstrated improvement and had increased to 73% the proportion of patients with diabetes, on the register, in whom the last blood pressure reading (measured since April 2019) was 140/80 mmHg or less.

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) ^(QOF)	73.8%	77.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.8% (21)	8.1%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) ^(QOF)	74.1%	77.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.9% (13)	2.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)	80.4%	91.7%	89.7%	Tending towards variation (negative)
Exception rate (number of exceptions).	3.2% (3)	9.0%	11.5%	N/A

Any additional evidence or comments

- The practice informed us that the practice's performance of a quality indicator related to patients with COPD might be due to the Read coding error, which was discussed with the clinical commission group.

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>	78.7%	82.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.4% (19)	3.6%	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>	100.0%	96.4%	90.0%	Significant Variation (positive)
Exception rate (number of exceptions).	12.0% (10)	10.7%	6.7%	N/A

Any additional evidence or comments
<ul style="list-style-type: none"> The practice informed us that the high exception rates of a quality indicator related to patients with atrial fibrillation might be due to the Read coding error, which was discussed with the clinical commission group (CCG). We saw evidence of email communication with the CCG.

Families, children and young people

Population group rating: Requires improvement

Findings

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However, childhood immunisation uptake rates were not in line with the World Health Organisation (WHO) targets for three out of four immunisations measured (in 2018/19) for children aged two. The practice explained that this was due to the transient population and known cultural challenges within the practice population. The practice informed us that a number of patients were from European background and they might have childhood immunisation carried out in their native European countries, but this information was not shared with the practice. The practice had taken steps to improve the childhood immunisation uptake and informed us they were working closely with the health visitors to overcome the barriers.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	87	90	96.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	72	94	76.6%	Below 80% uptake
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)	72	94	76.6%	Below 80% uptake
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)	78	94	83.0%	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: Requires improvement

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	52.5%	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)	63.1%	66.1%	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)	49.3%	45.7%	54.4%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	69.2%	66.9%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	52.0%	52.8%	51.9%	No statistical variation

Any additional evidence or comments

- The practice was aware of these results and explained that this was due to the transient population and known cultural challenges within the practice population, which had an impact on the cervical screening uptake. The practice had taken steps to encourage the uptake. For example, there was a policy to send reminder letters and text messages to patients who did not attend for their cervical screening test. The practice informed us that patients were being invited three times by two methods at least.
- On the day of the inspection, the practice had provided unverified QOF data which was not comparable with the Public Health England published data (2017/18) included in this report. The

cervical screening QOF indicator (CS002) used to calculate the payment the practice received, not the number of women screened. It included women who had been invited but who had not attended. In addition, it did not measure whether women had been screened at the appropriate time according to their age.

- The practice had taken part in cervical screening awareness week from 10 to 16 June 2019 to encourage uptake and also raised donation for cervical cancer trust.
- The practice had a system to ensure results were received for all samples sent for the cervical screening programme.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All 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.
- 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) <small>(QOF)</small>	77.5%	90.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	23.1% (12)	8.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.4%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	17.3% (9)	6.5%	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>	70.8%	87.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.0% (1)	6.4%	6.6%	N/A

Any additional evidence or comments

We noted this issue was highlighted as a 'should' (advisory notice) in the previous inspection carried out in April 2016) which stated:

- Review and improve the management of people experiencing poor mental health to reduce the exception reporting.

We saw the practice had carried out regular searches since April 2016. They had developed a protocol which required that exception reporting would be done by the mental health lead only, after three invites sent by two different methods. The protocol included to carry out monthly reviews of mental health dashboards and phoning patients who did not attend or were overdue. We saw the practice had carried out extensive searches and maintained the records. The practice had assured us they had not exception reported any patient experiencing poor mental health in the QOF year 2018/19. However, recent QOF results were not published at the time of the inspection so it was not possible to verify this.

The practice had a large student population registered with the practice, with a very high turnover (1000 to 1500 patients registered every year). The practice had recruited a dedicated staff to ensure registration and deduction in a timely manner. The practice informed us this had an impact on exception reporting and high prescribing of medicines used to treat stress and anxiety.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	523.4	545.5	537.5
Overall QOF score (as a percentage of maximum)	93.6%	97.6%	96.2%
Overall QOF exception reporting (all domains)	12.1%	6.4%	5.8%

Any additional evidence or comments

- We saw the practice had carried out quality improvement activity to monitor and reduce overall QOF exception reporting. The practice had carried out regular searches of people with long-term conditions, took appropriate actions and maintained the records. However, recent QOF results (2018/19) were not published at the time of the inspection, so it was not possible to verify the data or measure the impact of steps taken.
- We noted that the practice followed the national QOF protocol for inviting patients three times for the review of their long-term conditions and all potential exceptions of the patient from the recall programme were reviewed by a GP. However, this process did not ensure all patients, especially those with long term conditions, had their health needs fully met. The practice informed that they had a transient patient population and patients registering at the practice were often only in the area for short amounts of time. They told us this had an impact on screening and recall programmes.
- The practice also informed us that the high exception rates of some quality indicators might be impacted due to the Read coding error, which was discussed with the clinical commission group (CCG). We saw evidence of email communication with the CCG.

	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

<ul style="list-style-type: none"> The practice had carried out a clinical audit to ensure the effective management of patients diagnosed with diabetes. The practice had 337 patients diagnosed with type two diabetes on the register. The clinical audit had identified 17 patients who were on three anti-diabetic agents and not on insulin, despite not meeting target blood sugar levels (HbA1c). The clinical audit had demonstrated that nine out of 17 patients had declined to start insulin and the remaining eight were invited early to attend their annual diabetic review. The practice had carried out clinical audits to review the appropriateness of antibiotic medicines prescribed in line with national guidance. We noted the practice antibiotic prescribing was above the local average. However, the clinical audit demonstrated that antibiotic medicines were being prescribed appropriately.
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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.	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

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.4%	95.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.9% (23)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice understood the needs of its population and tailored services in response to those needs. For example, the practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration.• The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and baby changing facility.• The facilities and premises were appropriate for the services delivered.• The practice website was well designed, clear and simple to use featuring regularly updated information. The practice website included a translation facility.• The practice sent text message reminders of appointments.• The practice was taking part in parkrun practice initiative since February 2019 to promote the health and wellbeing of patients and staff.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
Monday	8.30am-5.50pm
Tuesday	8.30am-5.50pm
Wednesday	8.30am-5.50pm
Thursday	8.30am-5.50pm
Friday	8.30am-5.50pm
Extended hours opening:	
Monday and Friday (at local GP hub)	6.30pm-8pm
Saturday to Sunday (at local GP hub)	8am-8pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10849	462	79	17.1%	0.73%

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)	92.2%	91.8%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and care co-ordinators 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.
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted some services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice had not offered extended opening hours at the time of the inspection. However, the practice informed us that they were planning to offer extended opening hours twice a week until 8pm from mid-September. We noted extended hours appointments were offered Monday to Friday between 6.30pm to 8pm, Saturday and Sunday between 8am to 8pm at the local hub.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

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

**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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. • Appointments were available to book online. 	

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)	63.2%	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)	54.3%	66.4%	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)	55.9%	64.2%	64.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	64.3%	70.6%	73.6%	No statistical variation

Any additional evidence or comments

- Results from the July 2019 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the local and national averages in all indicators.
- The practice informed us they had taken steps to improve the access to care and treatment. For example,
- The practice was encouraging patients to register for online services and 40% of patients were registered to use online services.
- All pre-bookable GPs appointments were available to book online, that could be booked up to four weeks in advance.
- We checked the online appointment records and noted that the next pre-bookable appointment with any GP was available within one week and with a named GP within two to three weeks. Urgent appointments with GPs or nurses were available the same day.
- The practice informed us they offered 106 appointments per 1000 patients.
- On the day of the inspection, we found the practice offered 30 GP clinical sessions per week on average. In addition, the practice offered 11 trainee GP clinical sessions per week.
- Telephone consultations had been increased.
- The practice was planning to offer extended opening hours twice a week (in total 5.5 hours) until 8pm from mid-September.
- They had displayed a poster in the waiting room reminding patients to inform the reception if waiting for more than 20 minutes.

The practice had carried out internal survey which demonstrated improvements. For example,

- 78% of patients described their overall experience of the practice as good.
- 60% of patients described their overall experience of making an appointment as good.
- 68% of patients were satisfied with the type of appointment they were offered.

Source	Feedback
Discussion with the patients, the patient participation group (PPG) members and comment cards	<ul style="list-style-type: none"> • Twenty of the 21 patient CQC comment cards we received and two patients we spoke with were satisfied with the appointment booking system and were able to get appointments when they needed them. One of the 21 patient CQC comment cards we received was neutral. Four members of the patient participation group (PPG) we spoke with were happy with access to the service.

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.	16
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The complaint policy and procedures were in line with recognised guidance. • The practice learned lessons from individual concerns and complaints and also from the analysis of trends. It acted as a result to improve the quality of care. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient kept waiting for 50 minutes for 111 booked appointment	The practice had apologised and acknowledged that this was a new system. The practice had amended the appointment diary and embedded 111 appointment slots in the duty doctor rota. The practice had developed a protocol and displayed a poster in the waiting room reminding patients to inform the reception if waiting for more than 20 minutes.

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

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: <ul style="list-style-type: none">The practice had a mission statement which stated 'we aim to care for patients in the way we would want our friends and family to be treated'.	

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

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

Source	Feedback
Staff feedback	<ul style="list-style-type: none"> We were informed that the practice culture was one of being open and supportive of one another. Clinical staff said they had prompt access to the senior GP when they needed clinical advice. Staff felt they were treated equally.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: The practice had a governance framework, however, monitoring of specific areas required improvement, in particular: <ul style="list-style-type: none"> There was no formal monitoring system in place to manage and track the use of blank prescription forms for use in printers and handwritten pads in accordance with national guidance. The practice had established proper policies and procedures. 	

Managing risks, issues and performance

There were 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

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
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Patients had a variety of means of engaging with the practice all of which were effective: text messages, emails and complaints/comments. • Staff feedback highlighted a strong team with a positive supporting ethos. • Staff said the leadership team asked for their feedback and suggestions about the way the service was delivered. Staff meetings were held regularly. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> • We spoke with four PPG members and they were positive about the care and treatment offered by the practice, which met their needs. They said the staff were caring and receptionists were friendly and helpful. • They were satisfied with online access provided by the practice. • They reported they felt they were kept informed by the practice. They told us that their views and ideas were listened and accommodated as much as possible. • The practice was working in collaboration with the patient participation group (PPG) to recruit new members and organise health events. For example, they planned to organise a Macmillan coffee morning on 27 September 2019.

Any additional evidence
<ul style="list-style-type: none"> • Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. They said staff were helpful, caring and treated them with dignity and respect. • We noted the NHS friends and family test (FFT) results for the six months (from February 2019 to July 2019) and 92% (out of 1363 responses) of patients were likely or extremely likely recommending this practice.

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- All staff received individualised training opportunities which were discussed at their appraisals. The practice used this information to inform its overall training plan.
- A streamlined document handling system had been implemented to reduce the volume of clinical correspondence that GPs dealt with. This had successfully reduced the amount of time that the GPs spent on unnecessary paperwork.
- The practice was using external pharmacy team to deal with all repeat prescription requests.
- The practice was planning to identify new patient champions for diabetes and arthritis, so they would assist the practice to engage with wider patient community.

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.