

Care Quality Commission

Inspection Evidence Table

OHP-The Manor Practice (1-4228800892)

Inspection date: 19 February 2020

Date of data download: 06 February 2020

Overall rating: Good

At our previous inspection in January 2019 the practice received an overall rating of requires improvement. At this inspection the rating has moved to good because we found the practice had made demonstrable improvements to their governance arrangements and in their service provision to support the safety and effective care and treatment of their patients. There were notable improvements in areas such as the management of medicines, incidents, complaints and for the sharing of information and learning.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Good

At our last inspection in January 2019 we rated the practice as requires improvement for providing safe services because systems and processes to keep people safe were not always operating effectively. At this inspection we rated the practice as good as action had been taken to ensure effective systems were now in place.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y

Safeguarding	Y/N/Partial
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> <ul style="list-style-type: none"> • The practice had designated child and adult safeguarding leads and staff we spoke with knew who these were. • Safeguarding policies and procedures were accessible to all staff on a shared system. • Staff were able to demonstrate through examples given, appropriate action taken in response to safeguarding concerns. • We saw alerts on the patient record system so that staff were aware if a patient was at risk. • The practice held regular child and adult safeguarding meetings with relevant healthcare professionals. We saw minutes from these meetings. • The practice was a recognised IRIS practice (Identification and Referral to Support Safety) supporting patients at risk of domestic violence and abuse. • All staff underwent Disclosure and Barring Service (DBS) checks. 	

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> <p>At our last inspection in January 2019 we found the practice did not operate an effective system for monitoring clinical staffs' registration with professional bodies. The practice was unable to provide evidence to demonstrate the required medical indemnity insurance was in place. At this inspection we saw that the practice maintained a system for ensuring registration with professional bodies was up to date and medical indemnity insurance in place as appropriate.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 24/10/2019 (main site) 17/01/20 (branch site)	Y
There was a record of equipment calibration. Date of last calibration: December 2020	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: June 2019 (main site) 12/11/19 (branch site)	Y
There was a log of fire drills. Date of last drill: 11/01/2019 (main site) and 09/01/19 (branch site)	Y
There was a record of fire alarm checks. Date of last check: Weekly at both sites 18/02/20	Y
There was a record of fire training for staff. Date of last training: Sample of six training records reviewed showed training dates between November 2019 and February 2020	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: March 2018 (main sites) and October 2019 (branch site)	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"> • At our last inspection in January 2019 we found portable appliance testing and equipment calibration checks had not been completed in the previous 12 months. At this inspection, we found the practice was up to date with these checks. • However, fire drills had not been completed within the last 12 months at either the main or branch site. The practice advised that a fire drill was scheduled at their main site for the 26/02/2020. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 14/01/2020 (both sites)	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 02/01/2020 (both sites)	Y
Explanation of any answers and additional evidence:	

- At our last inspection in January 2019 we found risks relating to Control of Substances Hazardous to Health (COSHH) were not managed effectively at the main site. Cleaning equipment was not held securely. At this inspection we saw that a key pad lock had been placed on the room to ensure COSHH items were stored securely.
- The practice was reviewing risk assessments on a six-monthly basis to ensure they continued to be managed as appropriate.
- We saw that Legionella risk assessments had been completed in June 2018 (main site) and in July 2019 (branch site). There was evidence of action having been undertaken in response to the risk assessments.

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: 16/01/2020	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our last inspection in January 2019 we identified issues with the premises at the main site which the practice had raised with the building landlord. At this inspection we saw that refurbishment of the premises was in progress. The practice shared with us their latest infection control audits in which the practice had scored 96% at their main site and 100% at their branch site. We were advised that issues identified at the main site were mainly to do with the environment and that actions taken had included a lock fitted to the cleaners' room. The practice had a nominated lead for infection control. Cleaning schedules were in place at both sites. We looked at training records for a sample of six staff (clinical and non-clinical) and saw that all had completed infection control training in the last 12 months. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had recently reviewed their staffing requirements and were recruiting additional staff to support the needs of the service. Rotas were in place to ensure there were sufficient staff at each site. Staff would also support each other across sites if needed. • The practice ran a GP triage for patients who were unable to get an appointment. Reception staff told us that they would notify the duty doctor on triage if they had any concerns about a patient. • Staff had undertaken training in basic life support and had access to appropriate emergency medicines and equipment when needed. The practice had undertaken a comprehensive risk assessment where a medicine was not routinely stocked. • The practice had also provided training in sepsis for all staff at a recent protected learning time event. There were sepsis kits available at both sites and notices displayed in the practice to remind staff of signs and symptoms of sepsis. • The practice had a locum pack to support staff working on a temporary basis. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Records seen demonstrated that staff had access to appropriate information to support the care and treatment needs of their patients. The practice held multidisciplinary meeting to ensure appropriate information to support patient care was shared with other relevant health and care professionals. There was a designated member of staff who managed referrals and maintained systems to ensure patients received appointments. All test results and patient correspondence were reviewed by clinicians and followed up as appropriate. 	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.88	0.84	0.87	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). (01/10/2018 to 30/09/2019) (NHSBSA)	7.9%	7.4%	8.5%	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 (01/04/2019 to 30/09/2019) (NHSBSA)	5.29	5.13	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	1.46	1.77	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence	Y

Medicines management	Y/N/Partial
of structured medicines reviews for patients on repeat medicines.	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	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"> At our last inspection in January 2019 we found that the practice did not operate effective oversight of systems for monitoring patients' health in relation to the use of medicines and for the management of prescription stationery. At this inspection we saw that the practice had taken action to improve the management of medicines. Following the inspection in January 2019 the practice had undertaken a review of their medicines prescribing policy and had identified and reviewed patients due a medicine review. The practice had set up an inhouse medicines management team to support the management of repeat prescribing and ensure appropriate monitoring took place. The practice participated in medicines audits led by the CCG for antibiotic and opioid prescribing. We saw that the practice had also carried out an audit of antibiotic prescribing amongst the nurse prescribers. The practice had improved the systems for monitoring prescription stationery within the practice. There was now an audit trail for prescription stationery distributed throughout the practice and locks had been fitted to printers for further security. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> We reviewed a sample of 20 patients on high risk medicines and saw that appropriate monitoring was in place. 	

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:	31
Number of events that required action:	31
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At our last inspection in January 2019 we found that the practice did not have effective systems in place for ensuring learning took place following safety incidents and near misses. At this inspection we found the practice had implemented a shared system for the reporting and sharing of incidents. Incident reports we reviewed were well documented with clear actions and learning identified. Staff we spoke with knew how to report incidents and were able to give examples of incidents discussed. We saw that safety incidents were now a standing agenda item at practice meetings for discussion and shared learning. 	

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

Event	Specific action taken
Medicine fridge door had been left open.	The fridge alarm had gone off and the door found to be open. Data logger checked to identify the period of time that the fridge had been outside required temperatures. Cold chain procedures were followed. Vaccines were quarantined and manufacturers contacted. Public Health England was also notified. The practice shared learning among staff and assured themselves they had followed the correct procedures in the event of a cold chain breach. A fridge key was obtained for additional security and to reduce the risk of the incident happening again.

Potential breach of confidentiality	Information had been incorrectly handed to a pharmacy delivery person. The incident was investigated and the document returned to the practice. Learning identified included checking a person's identity before handing out any documents. The practice also introduced a receipt book and requested a signature when certain documents were collected.
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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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • At our last inspection in January 2019 we found examples of safety alerts that had not been fully acted on or evidence that they had been discussed among relevant staff. • At this inspection we saw that the practice had improved their system to manage safety alerts and ran monthly searches to identify patients who may be at risk during pregnancy of taking a certain medicine. This enabled staff to take action to mitigate those risks. • We saw examples of recent safety alerts that the practice had acted on. • Safety alerts were also a standing agenda item on the clinical meetings to ensure they were routinely discussed. 	

Effective

Rating: Requires Improvement

At our last inspection in January 2019, we rated the practice as requires improvement as we found systems for monitoring repeat medicines were not operated effectively and care planning was not routinely carried out. At this inspection, we found that the practice had taken action to improve the management of repeat prescribing, including patient reviews and the care planning process. However, due to the areas of continued high exception reporting and cervical screening uptake which was below target we have rated the population groups 'people with long-term conditions' and 'working age' as requires improvement for effective. This has led to a continued rating of requires improvement for providing effective services.

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.	N/A
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• At our last inspection in January 2019 we found that patient's care and treatment records did not always show clear evidence of review. At this inspection, we saw from records reviewed that patients' care was being reviewed regularly and care plans in place where appropriate.• The practice held monthly learning team events to share information and knowledge among staff.• Staff we spoke with knew how to access evidence-based guidelines.	

Prescribing	Practice	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU)(01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.72	0.73	0.74	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice employed the services of community matrons who reviewed unplanned admissions and hospital discharges for patients with complex needs. They helped put in place support for patients to maintain their independence at home and help reduce the risk of readmission to hospital.
- 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.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice was a pilot site for Age UK wellbeing service. Patients could be referred to the service to help maintain independence in the home.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared 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 appropriate medicines.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- However, we continued to see high levels of exception reporting for several long-term condition indicators. Although the practice had reviewed their exception reporting for the current year these areas remained high.

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 (01/04/2018 to 31/03/2019) (QOF)	85.4%	79.8%	79.3%	No statistical variation
Exception rate (number of exceptions).	12.3% (100)	13.2%	12.8%	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 (01/04/2018 to 31/03/2019) (QOF)	84.4%	78.1%	78.1%	No statistical variation
Exception rate (number of exceptions).	13.0% (106)	10.1%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	79.5%	81.1%	81.3%	No statistical variation
Exception rate (number of exceptions).	17.3% (141)	11.2%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	76.3%	76.5%	75.9%	No statistical variation
Exception rate (number of exceptions).	31.8% (354)	5.7%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	94.2%	91.2%	89.6%	No statistical variation
Exception rate (number of exceptions).	24.6% (68)	11.0%	11.2%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	87.7%	83.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	12.6% (277)	3.8%	4.0%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	88.4%	88.3%	91.1%	No statistical variation
Exception rate (number of exceptions).	10.4% (38)	7.2%	5.9%	N/A

Any additional evidence or comments

Quality Outcome Framework (QOF) performance data showed the practice performance was in line with local and national averages.

At our last inspection in January 2019 we found the practice had areas of high exception reporting. In particular, for asthma indicators. (A patient may be exception reported for various reasons, for example if they do not attend appointments or where the treatment is judged to be inappropriate by the GP such as medication cannot be prescribed due to side-effects or if they decline treatment or investigations). At this inspection we saw that there was still high exception reporting for asthma and also for Chronic Obstructive Pulmonary Disease (COPD) and hypertension for the QOF year 2018/19. The practice advised that they had reviewed and made changes to the exception reporting process following the last inspection and that the 2018/19 QOF data reflected their old system. They also felt that the higher exception reporting of their COPD and hypertension may in part be due to their older population.

The practice had identified that patients were being automatically exception reported after their third contact. The practice advised that they had changed the system so that the three patient contacts were spaced out with a month interval for patients to respond and that they would be exception reported at the end of the fourth month. Staff also told us that only clinicians exception reported a patient.

We reviewed two patients that had been exception reported in the last 12 months, in both cases we saw that three contacts had been made with monthly intervals. However, both had been exception reported one week after the third contact. Also, in one case there was no record that the exception reporting had been discussed with a GP and in the other case the review had taken place but was not appropriately coded to show it had been done.

The practice shared with us their exception reporting audit in which they had reviewed QOF indicators so far for the current year (2019/20). However, this continued to show the practice had high exception reporting in asthma, COPD and hypertension.

Families, children and young people

Population group rating: Good

Findings

- Data for 2018/19 showed the practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for children aged one but was below the 90% minimum for the three childhood immunisation uptake indicators for children aged two.
- However, data from the Child Health Information System (CHIS) for the latest quarter shared by the practice showed uptake of the childhood immunisations for children aged two were meeting the 95% target.
- The practice contacted new parents to notify them of 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 support in accordance with best practice guidance.
- The practice held weekly baby clinics for the six-week baby checks and offered contraceptive and postnatal reviews for new mothers.
- 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)	217	220	98.6%	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)	183	207	88.4%	Below 90% minimum
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)	182	207	87.9%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	184	207	88.9%	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>

Any additional evidence or comments

The practice advised us that they thought the childhood immunisation data was incorrect. Following the inspection, they forwarded us verified CHIS data for 1 October 2019 to 31 December 2019 which showed uptake for the three indicators for the childhood immunisations age two were at 96.7%. The practice advised us that when they were notified of a birth they invited babies in for their first immunisations, six-week baby and postnatal checks. The health visitor was informed of patients who repeatedly did not attend for immunisations. This was now included in a new 'Do not attend' policy.

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.
- Uptake of cervical screening was below the 80% national target but had improved slightly from 74.3% in 2017/18 to 75.7% in 2018/19.

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).(01/07/2019 to 30/09/2019) (Public Health England)	75.7%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	76.2%	64.3%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	61.4%	44.8%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	64.9%	73.1%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	57.8%	53.2%	53.8%	No statistical variation

Any additional evidence or comments

- Staff told us that they actively followed up patients who did not attend for cervical screening. Alerts were placed on the patient records for patients who had not attended for screening so that they could be discussed opportunistically.
- The practice operated a failsafe system which was managed by the nursing team to monitor whether results were received for every sample sent as well as ensuring abnormal results were followed up appropriately.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.

- Patients with a learning disability were offered an annual health check. There was a designated nurse who carried out learning disability reviews. The practice had carried out 59 reviews in the last 12 months (68% of patients on the learning disability register).
- 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. Patients identified were referred to appropriate services for their care needs.
- The practice had signed up as an IRIS practice to support patients at risk of domestic violence.
- The practice had signed up to the Armed forces covenant (a pledge to fairly support those who have been in the armed forces and their families).

**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. The practice nurse took the lead on mental health reviews.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	92.6%	92.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	19.5% (23)	9.3%	12.3%	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 (01/04/2018 to 31/03/2019) (QOF)	94.1%	92.0%	90.2%	No statistical variation
Exception rate (number of exceptions).	14.4% (17)	7.2%	10.1%	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(01/04/2018 to 31/03/2019) (QOF)	81.7%	86.3%	83.6%	No statistical variation
Exception rate (number of exceptions).	3.7% (5)	5.8%	6.7%	N/A

Any additional evidence or comments

- At our last inspection in January 2019 we found that the practice was unable to demonstrate that care plans which covered patients physical as well as mental health were being carried out to evidence practice based participation in care planning. At this inspection we saw care plans in place for patients with poor mental health and dementia. The nursing team were involved in supporting the formulation of care plans.
- At our last inspection in January 2019 we found exception reporting for mental health indicators was higher than local and national averages. At this inspection we found this was still the case. The practice advised us that they had reviewed exception reporting for 2018/19 and that patients who failed to respond to recall were moved to an acute prescription to encourage them to attend their review.

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)	559	546.8	539.2
Overall QOF score (as a percentage of maximum)	100.0%	97.9%	96.7%
Overall QOF exception reporting (all domains)	8.7%	6.4%	5.9%

	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

<p>The practice shared with us clinical audits they had undertaken to support service improvements.</p> <p>Two cycle audits where actions taken were followed up to demonstrate improvements or achievements were sustained included:</p> <ul style="list-style-type: none"> • A CCG led antibiotic audit undertaken in 2017 and 2018 which showed improvements in antibiotic prescribing. • An audit of patients taking high dose opioids undertaken in March 2018 and December 2019. Patients identified had their medicines reviewed with the view to reduce prescribing, where appropriate. The follow up audit showed the practice was generally reflecting appropriate practice in opioid prescribing. <p>The practice also shared with us range of one cycle audits including:</p> <ul style="list-style-type: none"> • The use of antibiotics for urinary tract infections (UTI) in children between October 2017 and March 2018 in which treatment was reviewed. The practice had concluded that they would discuss and review action points and re-audit although no further information was available of any follow up. • Audit of two week wait referrals undertaken in December 2018. The audit looked at conversion rate of patients referred and cancer diagnosis. The practice concluded that they were satisfied with their conversion rate. • Two audits undertaken in December 2019 focusing on improving the Gold standard framework (GSF) register. Patients who had died were reviewed to see if they should have been on the GSF register. Actions were identified to improve the register.

Any additional evidence or comments

Following our inspection in January 2019 the practice had set up a medicines management team who ran two-week searches for patients who were outstanding their medicine reviews. Patients identified were passed on to the GP to decide on follow up and action.

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/A
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff had access to online training. We reviewed training records for a sample of six members of (clinical and non-clinical) staff and saw that they were up to date with their own mandatory training requirements. • From records we reviewed we saw that nursing staff had undertaken role specific training. • Staff told us that the practice was supportive of learning and development and were encouraged to undertake further training. • The practice had introduced monthly protected learning events for the whole staff team. We saw that learning events had included sessions on sepsis, dementia, safeguarding and on the Gold Standard Framework. • Nurses in advance roles had a GP mentor for support. However, there was no formalised meetings in place for this. Following the inspection, the practice advised that they had scheduled six-weekly meetings with the ANPs. • We saw the practice had undertaken a prescribing audit of nurse prescribers. 	

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 (01/04/2018 to 31/03/2019) (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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice held regular multidisciplinary meetings with health visitors, district nurses, hospice nurses and case managers to discuss and plan care for some of their most vulnerable patients. • The practice was involved in a scheme with other local practices to support patients at risk of hospital admission and to facilitate safe early discharge from hospital. The scheme employed community matrons who worked with a range of health, social care and third sector agencies to help support these patients to live independently in their own home. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice offered NHS health checks to patients 40 to 74 years old. • The practice had a social prescriber who ran clinics at the practice providing various social and wellbeing advice and support. • The practice offered inhouse smoking cessation and weight management support through the nursing team. 	

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(01/04/2018 to 31/03/2019) (QOF)	94.0%	95.8%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.4% (13)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We saw that clinical staff had undertaken mental capacity act training.• We saw examples of consent forms and an audit for minor procedures which included consent.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	26
Number of CQC comments received which were positive about the service.	24
Number of comments cards received which were mixed about the service.	Two
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
CQC Comment Cards	Patients were very complimentary about the staff. They found staff caring and professional and gave examples of compassionate care received.
NHS Choices	There had been three reviews posted on the NHS website since our last inspection. All were positive about the staff and care and treatment received.
Compliments received by practice	The practice recorded compliments they received, there were 55 compliments recorded in the last year.
Patient Participation Group	We spoke with three members of the practice's Patient Participation Group (PPG) who were also patients. They were also complimentary about the staff and the service they received at the practice.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them(01/01/2019 to 31/03/2019) <small>(GPPS)</small>	93.8%	86.8%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern(01/01/2019 to 31/03/2019) <small>(GPPS)</small>	91.8%	85.5%	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 (01/01/2019 to 31/03/2019) <small>(GPPS)</small>	96.4%	94.4%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice(01/01/2019 to 31/03/2019) <small>(GPPS)</small>	86.4%	80.1%	82.9%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> Results from the latest GP national patient survey (2019) were slightly above local and national averages. The practice had reviewed areas where they had scored below local and national averages and developed an action plan to improve patient satisfaction.

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

Any additional evidence
<p>The practice shared with us the results of their 2018/19 inhouse patient survey, in which 73 patients across both the main and branch site responded. Results were similar across both sites.</p> <p>Results from the practice's inhouse survey showed:</p> <ul style="list-style-type: none"> 93% of respondents found the reception staff courteous and helpful. 96% of respondents found the doctor excellent, very good or good at listening to them and explaining clearly.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practices inhouse patient survey (2018/19) showed:</p> <ul style="list-style-type: none"> 96% of patients found the doctor excellent, very good or good at involving them in decisions about their care. 	

Source	Feedback
Interviews with patients.	We spoke with three patients who told us that they felt involved in their care and treatment.
CQC Comment cards	Of the 26 completed comment cards we received, seven specifically mentioned how they felt listened to and involved in discussions about their care and treatment.

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 (01/01/2019 to 31/03/2019) <small>(GPPS)</small>	92.6%	91.9%	93.4%	No statistical variation

Any additional evidence or comments

Practice results from the latest GP national patient survey (2019) were in line with local and national averages for questions about a patient's involvement in their care and treatment.

	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice made use of interpretation services and had hearing loops available at both the main and branch site. • The practice website contained information about support and self-help available to patients. The website could be translated into a range of different languages. • Information was displayed within the practice sites about support available to patients. 	

Carers	Narrative
Percentage and number of carers identified.	At our last inspection in January 2019 we identified that the practice should improve the identification of carers, to improve the access to care and support they needed. Over last year the practice had successfully improved the identification of carers from 167 to 320 patients (approximately 2% of the practice list).
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • The practice had a nominated carers' champion to help identify and provide support and advice. • Carers were offered flu vaccinations, health checks and an assessment of needs from a social prescriber. • There was carers information displayed in the practice waiting areas about local support.
How the practice supported recently bereaved patients.	If families had suffered bereavement, the practice sent a letter of condolence with information about what to do in the event of a death and support available to them.

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> <ul style="list-style-type: none"> We saw notices in the reception area alerting patients if they want to speak in private and reception staff were aware they could use a spare room to do this. 	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	N/A
The practice ensured patients were informed how their records were stored and managed.	N/A
Patients were made aware of the information sharing protocol before online services were delivered.	N/A
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	N/A
Online consultations took place in appropriate environments to ensure confidentiality.	N/A
The practice advised patients on how to protect their online information.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice did not directly offer video consultations. However, patients could access this service through the wider provider organisation. 	

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 had carried out equality assessments at both the main and branch site in October 2019. They had considered patients who used wheelchairs as part of their policy for evacuating the buildings. Accessible information support was available through the wider provider organisation when needed. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm (6.30pm to 8.15pm branch site only)
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Saturday	8.30am – 12.30pm (branch site only)
Appointments available:	
Monday	8am -11am, 3pm to 5.30pm and 6pm to 8pm
Tuesday	8am to 11.30am and 3pm to 6pm
Wednesday	8am to 11.30am and 3pm to 6pm
Thursday	8am to 11.30am and 3pm to 6pm
Friday	8am to 11.30am and 3pm to 6pm
	GP led telephone triage was available weekday mornings 8am to 1pm.

Extended access Hub appointments were available at another local practice (Ley Hill Surgery)	
Monday to Friday	6.30pm to 8pm
Saturday and Sunday	8.30am to 12.30pm

National GP Survey results

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)	95.1%	93.1%	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 an enhanced service to patients in a local nursing home with routine weekly visits.
- The practice provided effective care coordination to enable older patients to access appropriate services. The practice employed the services of community matrons (through a shared scheme with other local practices) to help support patients at risk of admission to stay in their homes longer.
- 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.
- The practice offered an electronic prescription service to patients for their convenience.
- The practice was a pilot site for Age Concern wellbeing service.

People with long-term conditions

Population group rating: Good

Findings

- Where possible the practice advised that they were trying to co-ordinate reviews for multiple conditions in one appointment where possible.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Nurse appointments were available outside school hours so that school age children 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.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held weekly baby clinics, antenatal and postnatal clinics.
- The practice offered inhouse contraceptive services including the fitting of intrauterine devices and contraceptive implants for the convenience of patients.
- The practice told us that they had been approached by a local school to talk about people who provide care which they planned to attend in March 2020.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8.15pm on a Monday and on a Saturday morning for people who worked or had other commitments that made it difficult to attend during usual working hours. Pre-bookable appointments were also available to all patients at another local practice between 6.30pm and 8pm Mondays to Fridays and 8.30pm to 12.30pm Saturdays and Sundays through extended access hub arrangements.
- The practice offered same day GP telephone triage if they were unable to make an appointment and if needed a face to face appointment was arranged.
- Patients had access to on-line appointments and prescription ordering service.
- The website had links to advice and self-help support.
- The practice provided inhouse dermatology clinic and minor surgery for the convenience of local patients.
- Through the wider provider organisation patients could register directly for a video consultation service.
- The practice had registered as a Parkrun practice encouraging patients to engage in physical exercise and increase general wellbeing.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held registers of patients living in vulnerable circumstances for example patients 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. Although the practice did not currently have any patients registered with no fixed abode, they told us they would use the practice address if necessary.
- 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.
- The practice hosted social prescribing services to support patients' general wellbeing needs.

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. Staff had undertaken dementia training.
- The practice was aware of support groups within the area and signposted their patients to these accordingly. We saw information to support patients with poor mental health displayed in waiting areas.
- There was a nominated nurse for mental health within the practice. They undertook the lead for the physical health reviews for patients with poor mental health.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice ran a GP led triage system which helped ensure any one requiring urgent clinical advice were able to consult with a doctor and if needed a face to face assessment with a member of the clinical team. We received positive comments about the triage system from patients who told us that it worked well. The practice had a dedicated telephone line for home visit requests which freed the telephone lines for other calls. Home visit requests were passed to a GP to triage the necessity for the visit and urgency of need for medical attention. 	

National GP Survey results

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) <small>(GPPS)</small>	76.8%	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) <small>(GPPS)</small>	65.7%	61.4%	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) <small>(GPPS)</small>	69.4%	61.3%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were	73.1%	69.0%	73.6%	No statistical variation

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

Any additional evidence or comments

Practice results from the latest GP national patient survey (2019) were in line with local and national averages for questions about access.

The practice had also carried out their own inhouse patient survey within the last 12 months of 73 patients. Results showed:

- 99% of patients who responded had received a telephone consultation found the service excellent, good or very good.
- 78% of patients who responded found their experience of making an appointment more than seven days in advance as excellent, very good or good.
- 84% of patients who responded found opening times convenient for them.

The practice provided a nurse led minor illness clinic to support the clinical team.

Source	Feedback
CQC Comment Cards	Of the 26 comment cards received, four patients specifically mentioned access to appointments. Three of the comments were positive and one negative.
Patient Participation Group (PPG) Feedback	We spoke with three members of the PPG who were also patients at the practice. All told us that they could get an appointment when they needed one.
NHS Choices	There were three reviews posted on the NHS Choices website since our last inspection. All reviews were positive about accessing 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.	38
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	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>At our last inspection in January 2019 we found the practice was not able to demonstrate that complaints were satisfactorily handled in a timely way. At this inspection we found the practice had implemented a system which enabled them to monitor complaints more effectively. From the complaints we reviewed we found they were being managed in a timely and appropriate manner.</p> <p>Complaints were now a standing agenda item for discussion at the monthly practice learning time events and clinical meetings.</p> <p>Information about the complaints process was displayed in the practice. This included information about how to escalate a complaint should the patient be unhappy with the response received.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Items missing from repeat prescription	The complaint was investigated to identify why the items were missing and the issue resolved. The practice responded to the patient with an apology.
Confidential information received by the wrong patient	The practice contacted the patient whose information had been affected by the incident. Both patients received an apology and advised about the action the practice had taken in response.

Well-led

Rating: Good

At our last inspection in January 2019 we rated the practice as requires improvement for providing services that were well-led. This was because there was a lack of oversight in the governance arrangements to support high quality sustainable care. At this inspection we found the practice had made significant improvements to the governance of the practice.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<p>At our last inspection in January 2019 we found that there was a lack of effective oversight of governance arrangements. Following the inspection, the practice had actively sought support from their provider organisation, the Royal College of General Practitioners and local clinical commissioning group to help improve the service. At this inspection, we found the practice had made demonstrable improvements to their governance arrangements and provision of the service. This included areas such as the management of medicines, incidents, complaints and for the sharing of information and learning.</p> <p>The practice had recruited a new practice manager who started working at the practice in September 2019.</p>	

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 joined Our Health Partnership (OHP), provider organisation in 2017 to help achieve future sustainability and resilience in general practice. There was a collective vision among OHP member practices. 	

- The OHP partnership model is one of local autonomy in which individual practices and their own GP partners work together to identify local priorities and run their practices in the way they see fit to meet their local population needs. The practice had identified and set out their key local priorities in their Business Plan which they shared with us.
- The practice had implemented monthly protected learning time events which incorporated all members of the staff team and enabled them to contribute toward the practice's vision and values.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our last inspection in January 2019 we found that although staff felt valued members of practice, there was little evidence to demonstrate how the practice management team effectively engaged with all members of the staff team. At this inspection, we found that the practice had put in place regular protected learning time events and meetings with their staff. Staff we spoke with were positive about the practice leadership and told us that they felt able to raise concerns without fear of retribution. There was a whistle blowing policy which allowed staff to refer any concerns directly to the provider organisation if they felt unable to raise them with a local practice. Staff we spoke with were aware that there was a Freedom to Speak Up Guardian within the provider organisation. Records we viewed showed that patients who were affected by an incident or were unsatisfied with the service provided received an apology. Training records seen showed that staff had undertaken equality and diversity training. 	

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

Source	Feedback
Staff interviews	Staff told us that they found the leadership team supportive and were proud to

	work for the practice.
Policies and procedures	The practice had a range of policies and procedures to support staff in their work. Staff knew how to access them.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
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:	
<ul style="list-style-type: none"> At our last inspection in January 2019 we found that the practice did not always have effective oversight of their governance arrangements for example, in areas such as medicines management, complaints, incidents, safety alerts, staffing information and shared learning. At this inspection we found the practice had made significant improvements in strengthening their governance arrangements. We found effective oversight of all areas that we had previously identified concerns. The practice had effectively implemented a new governance system to support the monitoring of systems and processes and for sharing information and learning across the workforce. Monthly protected learning time events had been introduced which provided opportunities for staff to meet and share learning and developments within the practice to support improvement. As a member of OHP provider organisation there was an additional tier of governance in which the provider maintained oversight of practice performance. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Records seen demonstrated that the practice had systems in place for managing clinical and environmental risks. We found that risks identified at our last inspection such as those relating to the Control of Substances Hazardous to Health (COSHH) were now being effectively managed. The practice had also improved the systems for maintaining oversight of complaints, significant events and safety alerts to support learning and improvement. We found performance in relation to patient outcomes was mostly in line with local and national averages. However, we also saw high levels of exception reporting which the practice were trying to address. The practice had arrangements in place to address major incidents. This included a business continuity plan in the event of a major disruption to the service and for the management of medical emergencies. 	

Appropriate and accurate information

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

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

entails.	
Explanation of any answers and additional evidence:	
<p>At our last inspection in January 2019 the practice was in the process of implementing a new information and governance system to support the management of information relating to the running of the service. At this inspection we found that the system had been embedded within the practice and was effectively supporting the management and governance of the practice.</p> <p>Since our previous inspection the practice had also taken the opportunity to improve their performance through the use of information available for example, a medicines team had been set up to run searches to support timely medicine reviews.</p> <p>We found incidents and complaints were comprehensively documented with clear audit trail to support ongoing learning.</p>	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice was registered with the Information Commissioner's Office. • The data protection controller was provided through the OHP provider organisation to member practices. 	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<p>The practice had an active Patient Participation group who met every six to eight weeks. At our last inspection in January 2019 members of the group told us that communication between the practice and the PPG had been in decline. At this inspection members of the PPG we spoke with told us that communication and support had improved significantly over the last 12 months. They gave examples, as to how they had been involved in the practice for example, helping raise awareness of the impact of patients that did not attend appointments, supporting the inhouse patient survey and producing regular newsletters to inform and update patients about the service and developments within the practice.</p> <p>There were dedicated noticeboards in the practice waiting areas for the patient participation group.</p> <p>The practice's inhouse patient survey (2018/19) of 73 patients found:</p> <ul style="list-style-type: none"> • 90% of patients who responded rated the service as excellent, very good or good. • 91% of patients who responded said they would be likely or extremely likely to recommend the practice to friends or family. <p>We also found that staff involvement had improved since our previous inspection in January 2019. All staff were invited to attend monthly protected learning time events and meetings which they were able to contribute their views.</p> <p>The practice engaged with other stakeholders to support patient care. This included the local health and care providers in helping reduce hospital admissions and supporting patient independence. They also engaged with the local clinical commissioning group in delivering local priorities.</p>	

Feedback from Patient Participation Group.

Feedback

We spoke with three members of the PPG. They were complimentary about the new practice manager and gave examples as to how the practice was supporting them to increase membership of the group. They also told us that they appreciated clinical attendance at more recent meetings, which had not always been the case.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• At our previous inspection in January 2019 we found limited evidence of systems and processes for learning, continuous improvement and innovation. At this inspection we found the practice had been proactive in making improvements to the service. They had actively worked with the Royal College of General Practitioners, their provider organisation and their clinical commissioning group to identify and deliver improvements in the governance of the service. Examples seen included the development of a medicines team to ensure patients received appropriate follow up and reviews.• The practice had sought to improve communication and learning across all staff groups with the introduction of monthly protected learning time events which had covered issues such as safeguarding, social prescribing and palliative care.• Through membership of Our Health Partnership the practice was able to offer services such as social prescribing and extended access.• The practice was a teaching practice for medical students and provided training to qualified doctors training to be general practitioners. They also provided placements for nurse training.	

Examples of continuous learning and improvement

The practice had reviewed its medicines management processes and set up a medicines team to help support patients receive appropriate follow up and medicine reviews.

Over the last 12 months the practice had actively sought to identify carers and had doubled the number of patients on their carers' register so that they could be offered additional support.

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.