

Care Quality Commission

Inspection Evidence Table

Parkview Medical Centre (1-1465355437)

Inspection date: 18 November 2020

Date of data download: 07 December 2020

Overall rating: Requires Improvement

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Requires Improvement

At our last comprehensive inspection on 25 & 30 September 2019 we rated the practice as inadequate for providing safe services as:

The provider did not have clear systems and processes in place to keep patients safe and safeguarded from abuse, had not carry out recruitment checks in accordance with regulations and did not have systems and processes in place to manage and monitor cervical smear screening or the prescribing of controlled drugs. The systems and processes in place to manage prescription stationery were not clear and there was no effective system in place to ensure that safety alerts were appropriately actioned.

We issued a warning notice in respect of these breaches and followed this up at another focused inspection on 13 December 2019 and found that the provider had made improvements to their systems and process in relation to safeguarding, safe recruitment, monitoring cervical screening, prescription stationery and patient safety alerts.

At this inspection rated the practice as requires improvement for providing safe services. We found that the provider had continued to make improvements. However, the provider had not actioned every issue of concern from their last infection control audit and there were minor concerns related to the management of medicines.

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

Safeguarding	Y/N/Partial
Policies took account of patients accessing any online services.	N
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
<p>The training matrix provided by the practice indicated that all staff had undertaken at least the appropriate level of safeguarding training. The training records that we reviewed showed that staff had completed the correct level of safeguarding training.</p> <p>We reviewed the practice's child and adult safeguarding policies which included the names of internal leads and external contacts. However, the policies did not take into account of patients accessing any online services, including the practice online consultation system.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>The provider submitted details of staff employed at the practice prior to our inspection. The information indicated that the provider employed two practices nurses. However, one of the nurses was registered with the NMC as a midwife and not as a registered nurse. We asked the provider what this member of staff was employed to do at the practice and we were told that they were employed to deliver cervical screening. They also said that the midwife is currently training to deliver childhood immunisations and informed is an experienced phlebotomist, but is not delivering phlebotomy at present.</p> <p>We spoke to the midwife before the site visit and they confirmed they were delivering cervical screening and had completed training to deliver childhood immunisations and would be delivering childhood immunisations and phlebotomy in the near future. The provider confirmed that the midwife was working within their scope of practice.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person.	Y

Date of last inspection/test: 4 March 2020	
There was a record of equipment calibration. Date of last calibration: 4 March 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: 10 March 2020	Y
There was a log of fire drills. Date of last drill: 11 June 2020	Y
There was a record of fire alarm checks. Date of last check: Weekly checks	Y
There was a record of fire training for staff. Date of last training: 6 November 2020	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 20 January 2020	Y
Actions from fire risk assessment were identified and completed.	Y
The provider had undertaken a portable appliance testing (PAT) for all the clinical equipment; however, had not undertaken PAT testing for non-clinical equipment such as computers and printers. After we raised this issue with the provider, they informed that there is no requirement for PAT testing to be undertaken for these items as they were less than five years old and sent us evidence to support this. The provider had also undertaken a risk assessment in relation to this in March 2020 and sent us evidence to support this.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 22 April 2020	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 22 April 2020	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met although not all actions on the practice infection control audit had been actioned.

	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.	Y

Date of last infection prevention and control audit: 4 September 2020	
The practice had acted on any issues identified in infection prevention and control audits.	Partial
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>The provider had not actioned some of the issues found in their last infection prevention and control audit. For example, they were not using Aseptic Non-Touch Technique when withdrawing blood samples; not all GPs had completed the Antimicrobial Stewardship Self-Assessment Checklist. After the inspection, the provider indicated that antimicrobial stewardship and ANTT technique had been discussed with clinicians, however, we were provided with no evidence of this discussion.</p> <p>Some of the non-clinical staff that we spoke with were not aware of who acted as the practice's infection control lead. Following the inspection, the provider informed us that infection prevention and control arrangements were discussed in staff meetings and they have put up a poster with infection prevention and control arrangements on the staff notice board and have confirmed with staff their awareness of the infection prevention and control lead.</p> <p>A legionella risk assessment was undertaken in 18 August 2020. The practice had temperature checks undertaken in May and June 2020. Temperature checks in May 2020 showed that two of the mixer taps required adjustment to ensure that legionella bacteria could not survive. The subsequent check in June 2020 showed that both taps had their temperature adjusted to mitigate risk associated with legionella.</p> <p>A legionella risk assessment (undertaken on 18 August 2020) had a number of action points. Water samples had been analysed for the presence of legionella bacteria in March 2020. Legionella was not detected in any of the samples tested. The practice had disinfected shower heads in the practice on 20 April 2020.</p> <p>The practice undertook a survey related to the cleanliness of their estate in February 2020 (sample of 50 patients who attended the practice between 3 February 2020 and 14 February 2020). Patient feedback was largely positive, and the practice had enacted additional hygiene measures based on the survey including the provision of hand sanitiser at the reception desk.</p>	

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.	Partial

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
Some non-clinical staff we spoke with were not able to outline the symptoms of sepsis and/or the action they would take if a patient presented with those symptoms. However, the practice had trained all staff on sepsis and we saw that information on the symptoms of sepsis and action that should be taken was displayed around the practice including in the reception.	

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.	N/A
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

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation, though a review of patient records did flag minor issues of concern in this area.

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) (01/10/2019 to 30/09/2020) (NHS Business Service Authority - NHSBSA)	0.59	0.55	0.82	Tending towards variation (positive)

Indicator	Practice	CCG average	England average	England comparison
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). (01/10/2019 to 30/09/2020) <small>(NHSBSA)</small>	7.6%	9.3%	8.8%	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 (01/04/2020 to 30/09/2020) <small>(NHSBSA)</small>	6.67	5.39	5.34	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2020 to 30/09/2020) <small>(NHSBSA)</small>	23.4	54.7	124.1	Significant Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2019 to 30/09/2020) <small>(NHSBSA)</small>	0.56	0.60	0.68	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.	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.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
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	Y

Medicines management	Y/N/Partial
England Area Team Controlled Drugs Accountable Officer.	
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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>The provider had coded the medicines reviews undertaken for patients with long-term conditions in the last three months; however, the patient records we reviewed indicated that details of the medicines review were not always documented. Following the inspection, the provider informed us that medicines reviews were only undertaken by GPs when all parameters were identified, discussed and completed within the required timeframe. They also informed us that all future medicines reviews would be carried out using a structured medicines review template which would provide detailed information.</p> <p>During the inspection we reviewed the records of five patients (out of a total of 139 patients) who were prescribed ACE inhibitors (a medicine used to lower blood pressure) and found that one patient had received their medication without a blood test in the previous 18 months; however, the provider was aware of this issue. Following the inspection the provider undertook a review of these patients and found that for some of the patients the results were on the hospital system and viewed by the GPs before prescribing this medicine and that the results were not downloaded into the patient management system due to an error in the hospital system. The provider informed us that they had taken immediate action and already carried out blood tests for patients whose blood tests were missing in their patient management system and that the GPs have reviewed these results and sent us evidence to support this.</p> <p>The provider had a clear system for monitoring patients on high-risk medicines. An administrative member of staff was tasked to monitor patients on high-risk medicines on a daily basis. Records we reviewed during the inspection indicated all patients on high-risk medicines were monitored appropriately; however, there was no evidence of a formal shared-care agreement or protocol in place for patients on high-risk medicines. Following the inspection, the provider acknowledged that secondary care has not routinely provided a 'shared care agreement/protocol' and that this is the same across the borough. The provider informed us that they always follow national guidance when monitoring patients on high-risk medicines and do not need a shared care agreement with secondary care and that the responsibility lies with the prescribing GP. However, the provider informed us they would undertake an audit of patients to ascertain any secondary care involvement and request a written shared care agreement from secondary care.</p>	

Medicines management	Y/N/Partial
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The provider monitored the prescribing of controlled drugs through regular audits since January 2020 and undertaken appropriate actions to the identified issues.

We found that the practice did not have pediatric defibrillator pads on site. The practice told us that they had been advised that adult pads could be used for children and sent information after the inspection from the manufacturer which said that two defibrillator pads, one attached to the front and one to the back of a child could be used as an alternative to a child's pad. The practice had also undertaken a risk assessment in relation to this in September 2020 and sent us evidence to support this.

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:	7
Number of events that required action:	7
Staff we spoke to informed us significant events were discussed regularly in staff meetings and we saw evidence of learning and dissemination of information.	

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

Event	Specific action taken
A patient with COVID-19 attended another GP practice in the health centre.	<ul style="list-style-type: none"> The patient was asked to leave the building wearing full personal protective equipment and were asked to self-isolate for 7 days. The health centre was closed and a special deep clean was carried out. Following the incident, a forehead thermometer was purchased, and temperature was measured for all patients entering the health centre before letting them in.
A patient attended the practice feeling unwell, a clinician measured the blood pressure and found it was very high.	<ul style="list-style-type: none"> An ambulance was requested, and the patient was provided the necessary care until the ambulance arrived and were assessed by paramedics. Following the incident, staff were asked to be vigilant and be always prepared for an emergency and be aware of where the emergency equipment is in case it is required.

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>The provider submitted an alerts log prior to the inspection. It had the details of all the medicines and safety alerts since January 2020 with actions undertaken. We saw examples of actions taken on recent and previous alerts; for example, regarding ranitidine.</p>	

Effective

Rating: Requires Improvement

At our last comprehensive inspection completed on 25 & 30 September 2019 we rated the practice as inadequate for providing effective services as:

There was no effective process in place to ensure that clinicians were aware of relevant and current evidence-based guidance and standards and were practicing in line with guidance. We found there was an overall lack of clinical monitoring and oversight to ensure effective care to drive quality improvement. The provider was also unable to demonstrate that all staff had the skills, knowledge and experience to carry out their roles through core and role-specific training, supervision and appraisal

We issued a warning notice related to some of these issues and then undertook a focused inspection of the service on 13 December 2019. At this inspection we found that the provider was able to demonstrate that core training had been undertaken by all clinical and non-clinical staff and they had implemented an appraisal and supervision schedule for their clinical staff. However, the practice was unable to demonstrate that role-specific training for their healthcare assistant was appropriate and up to date to deliver all their clinical duties and responsibilities.

At this inspection we rated the practice as requires improvement for providing an effective service because:

- **The healthcare assistant had appropriate role specific training and a clinical supervision.**
- **Details of medicines reviews were not consistently documented in patient records.**
- **We found some patients with missed diagnosis for diabetes.**
- **Childhood immunisations uptake was below average.**
- **Cervical screening uptake was significantly below average.**
- **During the inspection there were no practice nurses working at the practice.**

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.	Partial
There were appropriate referral pathways to make sure that patients' needs were	Y

addressed.	
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
The provider had coded the medicines reviews undertaken for patients with long-term conditions in the last three months; however, the patient records we reviewed indicated details of the medicines review were not consistently documented.	

Older people

Population group rating: Requires Improvement

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. The provider maintains a register for patients over 75 and review them on a monthly basis. The provider informed us that GPs follow up these patients if they identify any concerns.
- The practice followed up on older patients discharged from hospital; the provider informed us that this was undertaken during the review of these patients.
- The practice carried out annual medication reviews for older patients.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.

This population group is rated as required improvement because the issues including lack of nursing staff and lack of details in medicines reviews affected all population groups.

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. However, some of the patient records we reviewed indicated that details of the medicines review were not documented.
- 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 provider informed us about a recent alert about a child deceased due to an asthma attack and following this alert all children who were diagnosed with asthma were reviewed by GPs.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- We noted that outcomes for patients with diabetes were below the local and national averages.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. However, during the inspection we found four patients with a missed diagnosis of diabetes who required further review and appropriate referral. Following the inspection, the provider undertook a review of these patients, took the necessary action and sent us evidence to support this. The review indicated that only one patient was not appropriately coded as diabetic.
- 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.

This population group is rated as required improvement because the issues including lack of nursing staff and lack of details in medicines reviews affects all population groups.

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. (01/04/2019 to 31/03/2020) (QOF)	75.8%	74.5%	76.6%	No statistical variation
PCA* rate (number of PCAs).	3.1% (2)	17.2%	12.3%	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 (01/04/2019 to 31/03/2020) (QOF)	90.3%	84.2%	89.4%	No statistical variation
PCA rate (number of PCAs).	0.0% (0)	10.9%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	100.0%	83.2%	82.0%	Significant Variation (positive)
PCA rate (number of PCAs).	18.5% (5.0)	7.0%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	61.5%	64.7%	66.9%	No statistical variation
PCA rate (number of PCAs).	13.3% (10.0)	13.2%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	78.2%	74.3%	72.4%	No statistical variation
PCA rate (number of PCAs).	6.1% (11.0)	12.8%	7.1%	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 (01/04/2019 to 31/03/2020) (QOF)	94.4%	88.4%	91.8%	No statistical variation

PCA rate (number of PCAs).	0.0% (0)	3.0%	4.9%	N/A
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Families, children and young people

Population group rating: Requires Improvement

Findings

- The practice has not met the minimum 90% for all four childhood immunisation uptake indicators for 2018-19. The practice has not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all four childhood immunisation uptake indicators.
- 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.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- 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.

This population group is rated as required improvement because the practice has not met the minimum 90% target for childhood immunisation uptake and the issues including lack of nursing staff and lack of details in medicines reviews affected all population groups.

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) (01/04/2019 to 31/03/2020) (NHS England)	12	15	80.0%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	8	10	80.0%	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) (01/04/2019 to 31/03/2020) (NHS England)	8	10	80.0%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles,	8	10	80.0%	Below 90% minimum

mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)				
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	12	16	75.0%	Below 80% uptake

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

We were told that the practice manager oversaw the uptake of childhood immunisations. Following the inspection, the provider sent us unverified results from their patient management system for childhood immunisations uptake which indicated the following:

Uptake for 2-year-old children:

- Achieved 90% for April to June 2020.
- Achieved 70% for July to September 2020.

Uptake for 5-year-old children:

- Achieved 70% for April to June 2020.
- Achieved 70% for July to September 2020.

The practice told us that according to information from Open Exeter they were at or above 90% for all childhood immunisations. We informed the practice that the data they provided related to payment targets which were different from the data above which reports on the optimum time for a child to be immunised. Staff at the practice told us that patients had been increasingly reluctant to bring their children into the surgery during the pandemic.

The practice had employed a midwife who was currently receiving training to administer childhood immunisations but that they had not started doing so.

We were told by the practice that they had employed a nurse and midwife to undertake cervical screening. However, both these staff members were not working at the practice when we inspected the service, with the nurse on leave from the end of October 2020 till January 2021. However, they felt that this had not resulted in reduced capacity to provide childhood immunisations as children could still be booked in with one of the GPs for these to be given.

The provider informed us the midwife would be recommencing their work on 30 November 2020. The provider informed us that healthcare assistants were trained in the management of long-term conditions to mitigate the temporary absence of practice nurse. The provider informed us that the CQC registered manager had also completed training on managing long-term conditions. Once their competency had been checked and supervision complete, they would support clinical staff in the management of long-term conditions.

The practice undertook a patient survey in relation to the availability and ease of access to health promotion information in February 2020 (sample of 50 patients who attended the practice between 3 February 2020 and 14 February 2020) and 96% said that visibility of information related to Childhood Immunisation clinics was either Excellent, Very Good or Good.

Working age people (including those recently retired and students)

Population group rating: Inadequate

Findings

- The uptake for cervical screening was significantly below England average at 47%.
- The practice had posters and leaflets available for patients promoting breast cancer screening and the provider informed us they opportunistically speak to eligible women during appointments.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

This population group is rated as inadequate because the cervical screening uptake was significantly below average and the issues including lack of nursing staff and lack of details in medicines reviews affected all population groups.

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). (Snapshot date: 30/06/2020) <small>(Public Health England)</small>	47.0%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) <small>(PHE)</small>	50.6%	60.8%	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) <small>(PHE)</small>	31.9%	41.7%	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 (01/04/2019 to 31/03/2020) <small>(QoF)</small>	100.0%	87.4%	92.7%	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) <small>(PHE)</small>	75.0%	51.8%	53.8%	No statistical variation

Any additional evidence or comments

The practice told us that the results from their access to health promotion survey (sample of 50 patients who attended the practice between 3 February 2020 and 14 February 2020):

- 79% of patients said that access to information on bowel screening was Excellent, Very Good or Good
- 94% of patients said that access to information on cervical screening was Excellent, Very Good or Good

We were told by the practice that they had employed a nurse and midwife to undertake cervical screening. However, both these staff members were not working at the practice, with the nurse on leave from the end of October 2020 till January 2021. We were told that patients could receive screening from female GPs working at the practice or could be referred to a local hub where screening was provided. We checked at the availability of nurse appointments at two local hubs on 25 November 2020, appointments were available from 9am till 4:30pm on the 9th of December. One of the hubs is based at Parkview Medical Centre which is easily accessible to patients. The provider informed us the midwife would be recommencing their work on 30 November 2020.

The practice told us that they had run a smear campaign where they had contacted 256 eligible women during the pandemic to educate them on the benefits of screening, but patients were reluctant to attend the practice. The practice also told us that the demographics of the population meant that there was a high proportion of women who did not want to attend for screening due to religious and cultural reasons. We were told that the clinical lead as well as the practice midwife had attended the local mosque and had discussions with the local imam. The provider informed us that the cervical screening uptake is monitored by an administrative member of staff on a regular basis.

Following the inspection, the provider sent us unverified cervical screening uptake data between April 2020 and October 2020 which indicated that cervical screening was undertaken for 41 eligible patients during these seven months in total; however, we were not sure if uptake had improved as the number of eligible women was not provided.

The practice had also developed a failsafe spreadsheet for samples and results which would flag inadequate samples and patients requiring recall at specific intervals and those referred for colposcopy.

The provider had a clear system in place for the monitoring two week wait referrals and have developed another failsafe spreadsheet which was monitored by a member of non-clinical staff.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

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 in place to identify people who misused substances.
- The practice had eight patients with learning disability and seven out of the eight patients had received a health check during 2019-20.

This population group is rated as required improvement because the issues including lack of nursing staff and lack of details in medicines reviews affects all population groups.

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

Population group rating: Requires Improvement

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.

This population group is rated as required improvement because the issues including lack of nursing staff and lack of details in medicines reviews affects all population groups.

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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	100.0%	78.2%	85.4%	Variation (positive)
PCA rate (number of PCAs).	10.0% (2)	19.7%	16.6%	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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	71.4%	78.1%	81.4%	No statistical variation
PCA rate (number of PCAs).	12.5% (1)	8.5%	8.0%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	541.45	Not Available	533.9
Overall QOF score (as a percentage of maximum)	96.9%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	7.1%	Not Available	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 provider had undertaken the following audits in the past two years which were all completed cycle audits:</p> <ul style="list-style-type: none"> • Improving the cervical screening uptake • Controlled Drug (CD) prescribing audit • Creatinine clearance audit on patients prescribed Direct Oral Anticoagulants (DOACs) <p>For example, the practice had undertaken an audit to ascertain if patients were prescribed controlled drugs (CDs) according to evidence-based guidelines (CDs should be prescribed for less than 30 days). During the first cycle of the audit (Jan to Mar 2020) the practice identified 17 patients who had been prescribed CDs, of which 70% (12 patients) were prescribed in accordance to evidence-based guidelines. In the second cycle of the audit (Apr to Jun 2020) the practice identified 17 patients who had been prescribed CDs, of which 94% (16 patients) were prescribed in accordance to evidence-based guidelines. In the third cycle of the audit (Apr to Jun 2020) the practice identified 18 patients who had been prescribed CDs, of which 94% (17 patients) were prescribed in accordance to evidence-based guidelines. Following the audit, the provider informed us they had implemented a system to ensure all the CD prescriptions were only prescribed for 28 days. However, we were not sure where the findings of this audit were discussed.</p> <p>The provider had also undertaken the following improvement projects and had implemented changes to improve systems in place:</p> <ul style="list-style-type: none"> • Two week wait referral management and monitoring. • Cervical cytology management and monitoring. • Patient safety alerts - logging and actioning. • Adult, child and vulnerable patients register
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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
<p>The provider had a detailed protocol for the healthcare assistant which included the hand hygiene process, personal protective equipment, phlebotomy, blood pressure measurement, ambulatory blood pressure monitoring, administering immunisations, checking oxygen levels, wound care management, urine testing, body mass index measurement, over 75's health check and sepsis awareness.</p> <p>The provider informed us that there were no practice nurses working at the practice. We were told by the practice that they had employed a nurse and a midwife. However, both these staff members were not working at the practice, with the nurse on leave from the end of October 2020 till January 2021. The provider informed us the midwife would be recommencing their work on 30 November 2020.</p> <p>The clinical lead undertook a regular review of patient consultations recorded by all clinical staff and provided feedback to individual clinicians. We saw evidence of review of patient consultations undertaken during November 2019, January 2020 and May 2020.</p> <p>The provider had devised a data collection guide for reception and administrative staff which had a mandatory checklist of what to do on each patient contact:</p> <ul style="list-style-type: none"> • Check if their contact details were up to date • Check if the patient had a review of their long-term condition (if applicable) • Book an appointment with an appropriate clinician in agreement with the patient. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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

Consent to care and treatment

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

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

Caring

Rating: Good

At our previous inspection undertaken on 25 & 30 September 2019 we rated the provider as requires improvement as:

The practice could not demonstrate that patient privacy and patient information was consistently treated with confidentiality and in a way that complied with the Data Protection Act and the practice could not demonstrate that they had sufficiently enabled people to express their views or had adequately sought or considered people's preferences and choices when planning how care, support and treatment was delivered.

The practice was rated as good for providing caring services because we found no issues with compliance with the data protection act and, although the provider did not have a patient participation group, they had run surveys to gain patient views on various aspect of the service and taken action on the basis of the feedback provided.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Source	Feedback
NHS Choices	The practice has received seven reviews through NHS Choices website since our last comprehensive inspection in September 2019 (4 patients had given 5/5 stars; one patient had given 4/5 stars; one patient had given 3/5 stars; one patient had given 1/5 stars). The provider had recently responded to both positive and negative reviews.

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 (01/01/2020 to	82.7%	86.8%	88.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
31/03/2020)				
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 (01/01/2020 to 31/03/2020)	79.1%	84.9%	87.0%	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 (01/01/2020 to 31/03/2020)	88.6%	94.4%	95.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	74.3%	79.1%	81.8%	No statistical variation

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

Any additional evidence
<p>The provider undertook a patient survey between 27 February 2020 and 19 March 2020. The survey involved 100 patients who were asked, when they attended the surgery, to fill in a questionnaire. The results of the survey were as follows:</p> <ul style="list-style-type: none"> 95% of patients surveyed rated the practice as Excellent, Very Good, and Good with How helpful the surgery staff were when they arrived for their appointment. 81% of patients surveyed said their experience was Excellent, Very Good and Good with the waiting area. 96% of the patients surveyed rated the practice as Excellent, Very Good and good in respect of how the healthcare professional listened to them. 93% of patients surveyed rated the practice as Excellent, Very Good and Good with in respect of the question related to health care professional treating them with care and concern. 97% of patients surveyed rated the practice as Excellent, Very Good and Good for confidence and trust in the advice given by healthcare professionals. Overall 91% of patients had an Excellent, Very Good, Good experience with the GP practice. <p>The practice undertook another survey between 27 February 2020 and 19 March 2020 which asked questions related to levels of satisfaction with practice staff and access to information. In relation to practice staff, the practice told us that:</p>

- 92% of patients rated staff at the practice as Excellent, Very Good, or Good in respect of the Professionalism and presentation of staff.
- 89% of patients rated the practice as Excellent, Very Good or Good in relation to the communication and information that was offered by reception staff.
- 93% of the patients rated the practice as Excellent, Very Good or good in respect of the communication and care offered by the practice GPs.

In response to specific feedback from the survey the practice initiated informal auditing of reception staff and required reception staff to undertake customer service training.

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

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 (01/01/2020 to 31/03/2020)	90.1%	92.2%	93.0%	No statistical variation

Any additional evidence or comments

The practice told us that in their own internal patient survey undertaken between February and March 2020, 97% of patients surveyed rated the practice as Excellent, Very good and Good for involvement with decisions about 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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 34 carers, which was approximately 1.7% of the practice population.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice told us they identified carers at the point of registration and on an on-going basis through clinical consultations. There was carers' information available on the practice website and posters in the clinical rooms and on a noticeboard outside the clinical rooms. The practice offered extended appointments and influenza vaccination for carers.
How the practice supported recently bereaved patients.	The practice told us they would offer telephone support or a consultation and signpost patients to the appropriate support services. Bereavement guidance was also available on the practice website, which had the functionality to translate to other languages.

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

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.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y

The practice advised patients on how to protect their online information.	Y
The provider informed us that none of the patient interactions were recorded. The provider informed us that they had a privacy policy on their website. They also informed us that their online consultation system had a clause of privacy policy at the start of the consultation for which the patients need to read and agree before they can proceed to enter their details.	

Responsive

Rating: Good

At our last inspection we rated the provider as inadequate for providing responsive services as:

The service did not meet patients' needs, patients could not access care and treatment in a timely way and the practice planned and delivered services without consideration for the needs of its local population and patient population groups

At this inspection we rated the practice as good for providing responsive services as national patient survey data indicated that the practice was broadly comparable to local and national satisfaction rates around access to care and treatment. Although the provider had not done any specific needs assessment of their population, they were making efforts to improve on areas of care where they were below local and national targets.

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.	Partial
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
The provider informed us they had not undertaken any specific analysis of the needs of the local population.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm
Appointments available:	
Monday	10am to 1pm & 3pm to 4pm

Tuesday	10am to 1pm & 3pm to 4pm
Wednesday	11:30am to 3pm
Thursday	11:30am to 3pm
Friday	11:30am to 3pm

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. For e.g. double or triple appointments were offered. The practice provided care coordination to enable patients with long-term conditions to access appropriate services. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> There were no practice nurses working at the practice during the inspection, the provider informed us the nurse on leave from the end of October 2020 till January 2021. The provider informed us the midwife would be recommencing their work on 30 November 2020. 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
<ul style="list-style-type: none"> Telephone consultations were available, and patient could access extended hours appointments at a GP practice located within the same healthcare centre. The provider informed us appointment were available evenings and weekends on the local GP hub based at Parkview Medical Centre which is easily accessible to patients.

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 adjusted the delivery of its services to meet the needs of patients with a learning disability. The provider informed us that they had reviewed the learning disability patient register in March 2020 and indicated health checks were undertaken for seven out of eight patients in the last year (2019-20).

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.
- 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

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 (01/01/2020 to 31/03/2020)	66.2%	N/A	65.2%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an	59.4%	68.3%	65.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
appointment (01/01/2020 to 31/03/2020)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2020 to 31/03/2020)	61.5%	66.2%	63.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	61.5%	71.0%	72.7%	No statistical variation

Any additional evidence or comments

During the last inspection in September 2019 we found that the provider had no pre-bookable GP appointments in the afternoon and that no clinician was available in the premises on Monday, Thursday and Friday afternoon. In this inspection we found that appointments were available between 10am and 12:30pm and between 3pm and 4pm on Mondays and Tuesdays and between 11:30am and 3pm on Wednesdays, Thursdays and Fridays. The provider informed us that a GP is on site from 8:30am to 6:30pm Monday to Friday and staff we spoke to confirmed this. Although, the appointment times did not ensure access to consultations throughout; the data from the national GP patient survey and practice's own survey did not indicate access to appointments was a significant issue. The provider informed us that the appointment times were just timetable patterns to allow GPs allocated and protected time for administrative work; however, clinical cover was available throughout the day in the event that a patient had to be seen.

The provider informed us that there were no practice nurses working at the practice. We were told by the practice that they had employed a nurse and a midwife. However, both these staff members were not working at the practice, with the nurse on leave from the end of October 2020 till January 2021. The provider informed us the midwife would be recommencing their work on 30 November 2020.

The practice submitted an action plan to address below average national patient survey scores. The action plan stated that in respect of the below average survey score related to satisfaction with the type of appointment; the practice stated that they would:

- Continue to work hard to improve overall patient experience of their patients.
- Try to provide patients with a choice of GP including a GP of a specific gender.
- Encourage patient to register for online access so that patients could book appointments online.

The practice provided the following results from their own internal survey, completed between February and March 2020:

72% of patients said the practice was Excellent, Very good and Good in terms of ease of telephone access.

77% of patients rated the practice as Excellent, Very Good and Good to their experience of making an appointment.

75% of patients rated the practice as Excellent, Very good and Good with their appointment time.

73% of patients rated the practice as Excellent, Very Good and Good to the type of appointment they were offered

The practice also undertook a survey in relation to patient satisfaction with the clinical environment during February 2020 (sample of 50 patients who attended the practice between 3 February 2020 and 14 February 2020).

We were told that patients fed back that the reception area was well lit and clean. Some patients fed back suggestions for improvement or issues of concern; for example, the lack of hand sanitiser on reception and that chairs were uncomfortable as they were too low. The practice had taken action to address these issues.

The practice undertook another survey in relation to staff presentation and access to information at the practice which included a sample of 50 patients who attended the practice between 3 February 2020 and 14 February 2020.

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.	3
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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.	Partial
<p>The practice website did not have the complaints policy. However, patients can submit their feedback or complaint through an online form.</p> <p>We saw that complaints had been discussed in practice meetings.</p> <p>The nature of the three complaints received was not sufficient to determine if complaints were used to drive continuous improvement.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient raised concerns about infection control practice by a member of staff.	<ul style="list-style-type: none"> The provider apologised to the patient. The provider spoke to the concerned member of staff and discussed the complaint and re-iterated the importance of infection prevention and control.

	<ul style="list-style-type: none">• Following this complaint, the provider reminded staff that universal precautions always need to be maintained and to ensure patients are aware and reassured of this.
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Well-led

Rating: Requires Improvement

At our last inspection undertaken on 25 & 30 September 2019 we rated the provider as inadequate for providing a well led service because:

The provider could not show that they had the capacity and skills to deliver high quality, sustainable care, governance arrangements were ineffective and unsafe, the provider did not have clear and effective processes for managing risks, issues and performance and we saw little evidence of systems and processes for learning, continuous improvement and innovation.

At this inspection we rated the provider requires improvement for providing well-led services because:

The provider had made significant improvement in relation to their governance arrangements, particularly around areas of risk and there were examples of learning and improvement work. However, there were still some aspects of medicines management systems that required refinement, the lack of nursing staff impacted on the practice's capacity to meet patient needs and achieve their vision, there was no PPG group and there were concerns about the arrangements for clinical meetings. Some non-clinical staff were not aware of the lead for infection control.

Leadership capacity and capability

Leaders could demonstrate that they had the skills to deliver high quality sustainable care. However, the lack of in-house nursing staff had the potential to impact on the ability of the practice to address areas of below average performance.

	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.	Partial
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Partial
The practice had implemented several systems since our last inspection to address issues we had identified around the quality of care being provided at the service.	
Action had been taken in an effort to improve some areas of below average performance; including engagement with local religious leaders in an effort to improve the uptake of cervical screening. However, at the time of our inspection, the service did not have any nursing staff and there had been no increase in staffing to offset the lack of nursing appointments. This had the potential to impede the practice's ability to address areas of below average performance; particularly as these were nurse led areas.	
The provider had a regular GP workforce and a stable clinical leadership and management structure in place. The clinical leadership was provided by a GP who worked on site two and a half days per week and provided no face-to-face clinical sessions on site. Although this was unconventional, we could not, on this inspection, find anything to indicate that this structure adversely impacted on the quality of care	

provided to patients.

There were no succession plans in place; however, the current structure would not be impacted by retirement of staff in the medium term.

Vision and strategy

The practice had a vision and a strategy to provide high quality sustainable care; however, the absence of nursing staff could impact on the practice's ability to achieve their vision.

	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.	Partial
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
The practice told us that their vision was to, 'provide high quality patient focused services as a joint team effort through learning and reflection, while ensuring all staff and patients are treated with dignity, honesty and respect.' The absence of in-house nursing staff had the potential to undermine the practice's ability to achieve this vision, although we were told that this was offset by patients accessing appointments at a local hub, long term conditions management checks being undertaken by a healthcare assistant and doctors undertaking childhood immunisations and cervical screening on an ad hoc basis.	
To assist in achieving their vision, the practice had since our last inspection developed tools and governance systems to ensure that the care being provided to patients was safe. These systems had been reviewed by the practice in order to test their efficacy.	

Culture

The practice had a culture an open culture and staff felt supported.

	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
Interviews with staff	<p>Staff we spoke to indicated the following:</p> <ul style="list-style-type: none"> • Friendly and open culture. • Supportive and welcoming staff and management. • Management and GPs very supportive and it feels like a family. • Happy to raise concerns when needed and management are receptive to raising concerns. • Staff work well as a team. • Staff have designated roles and responsibilities and management have a very laid structure.

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.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Governance arrangements in the practice had improved since our last inspection. The practice had developed monitoring systems to oversee two-week wait referrals, cervical screening, safeguarding and high-risk drug monitoring. We saw documented supervision sessions for clinical staff and evidence of discussion of significant events and</p> <p>However, some staff in the practice did not know who the lead for infection control was. The practice's safeguarding arrangements did not take into account patients who accessed services online. There was an absence of shared care protocols for patients prescribed high risk medicines.</p> <p>The practice had clinical meetings every one to two months. We were told that these had originally been arranged on Sundays but that this had been changed to weekdays to ensure that staff were able to attend during work time.</p>	

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.	Partial
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.	Partial
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.	Partial
Risks in relation to medicines management were not always identified, managed and mitigated appropriately. For example, the details of the medicines reviews were not always recorded on their patient management system.	
The practice had developed a desk duty system, part of which tasked staff with different checks aimed at mitigating risks associated with the premises which ensured that most risks were effectively monitored and acted upon where required.	

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.	Partial
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
The practice had acted in respect of below low average performance data related for cervical, bowel and breast screening. The practice had heavily promoted all three screening programmes in their waiting area and had surveyed their population regarding the ease of access they had to this information. The practice also informed us that they had, this year, contacted women who were due cervical screening to ask them to attend.	
However, the practice had not acted in response to below average performance data for childhood immunisations as they measured their performance from payment data provided by Open Exeter; which indicated that they were achieving against targets set.	
The practice had not employed additional staff to mitigate the loss of the long-term absence of the practice nurse or absence of the practice midwife. We were told that access to screening would instead be provided by the existing staffing cohort in addition to nursing staff at the local hub located within the	

same building.

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

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.	N
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.	Partial
The provider did not have an active Patient Participation Group (PPG) although we were told that the practice planned to start a virtual PPG. The practice had surveyed patients in relation to their lower scores on the national GP patient survey. They had also surveyed patients around other issues including the premises and access to health promotion information. The practice had used this feedback to implement changes.	
Staff told us that they were able to speak up in meetings and that management would consider and, if appropriate, implement suggestions made by staff.	

Continuous improvement and innovation

There was some 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.	Partial
The provider had made a number of improvements for the systems in place following the last comprehensive inspection in September 2019. For example, the system used to monitor patients on high-risk medicines.	
The provider shared the learning from significant events and complaints with staff during staff meetings	

and clinical meetings. However, due to the way the meetings had been organised, for example being held on Sundays, meant that staff would have to attend when they were not working, and the practice was not open. The provider informed us they had changed the meetings to weekdays and that they were planning to use video conferencing so that all clinicians could attend during weekdays when the practice was open.

Examples of continuous learning and improvement

The provider had a duty desk system for non-clinical staff; they had devised a list of things the administrative had to do if they were using a particular desk. The provider informed us this was to ensure none of the daily checks and tasks were missed.

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. 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.