

Care Quality Commission

Inspection Evidence Table

School House Surgery (1-558258019)

Inspection date: 24th November to 3 December 2020

Date of data download: 10 November 2020

Overall rating: Inadequate

The practice has remained rated inadequate overall. We found concerns regarding medicines management, safeguarding procedures, the completion of patient annual reviews, and clinical governance.

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

Safe

Rating: Inadequate

The rating for safe remains rated as inadequate because:

- The systems and processes to safeguard children and adults from abuse were not all established and operating effectively.
- There were concerns around the monitoring and prescribing of some medicines, including those that are high risk.
- The provider could not demonstrate that medicines were always stored and monitored appropriately.
- The systems and processes for recording and acting on significant events were not yet embedded at the practice.

Safety systems and processes

The practice had some 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Partial
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>All clinical staff received a DBS check prior to employment. Non-clinical staff received a DBS check if they undertook chaperone duties. A risk assessment was carried out for all other staff who were non-clinical. We saw evidence of this.</p> <p>Since our last inspections the practice had continued to ensure that relevant alerts were added to patient records, and their family member's records where appropriate. We also saw they had developed a register of those who were at risk, to monitor any concerns.</p> <p>Staff told us they contacted other organisations on an ad hoc basis and there were no regular safeguarding meetings. However, we were told that the clinical system was shared by outside organisations within the clinical commissioning group. This meant that updates from other health and social care professionals, such as health visitors, could be viewed instantly.</p> <p>We found systems and processes were not all established and operating effectively to safeguard children and adults from abuse. We were told there was no specific policy to follow up on or prevent failed attendances at the practice or following referral to secondary care. We viewed the practice safeguarding policy and saw that it did not describe the process for reporting concerns. There were no contact details for the local safeguarding teams and out-of-hours safeguarding contacts. There was no record of the designated Prevent lead (PREVENT is about recognising when vulnerable individuals are at risk of being exploited for extremist or terrorist-related activities). This could delay or prevent proper safeguarding procedures being carried out to safeguard a child at risk. However, we saw safeguarding posters on the walls of clinical rooms and administration areas displaying relevant external contact details.</p> <p>During our inspection the practice took our concerns seriously and told us they would take immediate action.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes

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: 25/09/2020	Yes
There was a record of equipment calibration. Date of last calibration: 09/02/2020	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	31/08/2020
There was a log of fire drills. Date of last drill:	Yes July 2020
There was a record of fire alarm checks. Date of last check:	Weekly 16/11/2020
There was a record of fire training for staff.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	April 2020
Actions from fire risk assessment were identified and completed.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We saw the practice manager had developed and maintained a spreadsheet of current risks and items in progress to ensure their completion. These were being completed in line with the timescales identified in the action plan.</p> <p>The practice manager and receptionist were trained as fire marshals. They carried out regular fire drills and had a planned schedule of future drills.</p> <p>The fire risk assessments were carried out by the practice manager, and we saw an external company had completed a risk assessment on 26 August 2020 for both sites.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	31/10/2020
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	02/11/2020
<p>Explanation of any answers and additional evidence:</p> <p>The practice used a recognised toolkit to assess health and safety risks relating to premises and security.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes July 2020
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<p>The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead for infection, prevention and control (IPC) was shared between the practice nurse and practice manager. They had continued to improve, to develop and adapt their processes since our last inspection. Quarterly audits were completed in order to focus on any issues or concerns, along with a full annual audit. We saw evidence of the most recent audit in July 2020 and saw that actions had been completed.</p> <p>The IPC leads told us about their future plans, including that a new practice nurse had been recruited. They told us they were keen to involve the whole team with IPC. They planned to use the NHS infection, prevention and control board assurance framework to effectively self-assess their compliance with Public Health England (PHE) and other COVID-19 related guidance and to identify risks. They were considering making this document available to patients to provide assurance on their commitment to IPC and reducing risk to patients and staff.</p>	

Risks to patients

There were adequate in 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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
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.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: All clinicians had received training to identify and manage patients with severe infection and sepsis. We saw that clinical rooms and the reception area had posters displaying the signs and symptoms. Non-clinical staff had received an in-house sepsis awareness session, along with training through their online training provider. Staff we spoke with demonstrated their understanding and told us they felt confident that they knew what to do if they were concerned about a patient.	

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We looked at a sample of referral letters, including those that were urgent. We found these contained adequate information and were processed in a timely manner. There were systems to ensure that patients had received and attended an appointment where the referral had been made for an urgent matter. The practice had reviewed these processes to ensure that the patients' GP was informed if an appointment was cancelled or not attended.</p> <p>We found there was appropriate oversight of test results. We checked the inboxes for two GPs and found there were none outstanding.</p>	

Appropriate and safe use of medicines

The practice had some 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) (01/07/2019 to 30/06/2020) (NHS Business Service Authority - NHSBSA)	0.70	0.70	0.85	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). (01/07/2019 to 30/06/2020) (NHSBSA)	8.8%	10.1%	8.6%	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 (01/01/2020 to 30/06/2020) (NHSBSA)	5.24	5.43	5.35	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2020 to 30/06/2020) (NHSBSA)	2.79	1.51	1.92	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Yes
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.	Yes

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p data-bbox="57 976 807 1014">Explanation of any answers and additional evidence:</p> <p data-bbox="57 1050 1509 1232">We found blank prescriptions were securely stored. The practice monitored new blank prescriptions received by the practice, but they were not always tracked once they had been separated and distributed to rooms throughout the practice. This was not in line with NHS Counter Fraud guidance on the management and control of prescription forms 2018. This could prevent or delay fraud investigation if a theft occurred.</p> <p data-bbox="57 1267 1509 1563">At the time of our inspection, we saw that the emergency medicines and equipment were stored on a trolley in front of a radiator within the treatment room at School House Surgery. This could take the medicines outside of recommended storage temperatures and compromise the effectiveness of the medicines. Staff told us they were usually on a countertop and moved these whilst we were on site. We found there were systems and processes to routinely ensure medicines and equipment were checked and logged. This included the cold chain and room temperature checks. We saw that logs were completed monthly, however the actual date was not recorded. This could mean that medicines and equipment were checked beyond one month therefore expiry dates could be missed.</p> <p data-bbox="57 1599 1509 1747">We conducted searches of patient records, and some of the results suggested required monitoring of patients' health had not been carried out. We reviewed a sample of individual patient records. We found patients' health was not always monitored in relation to the use of some medicines, and the clinical records did not always evidence appropriate monitoring and clinical review prior to prescribing.</p> <ul data-bbox="116 1794 1509 2047" style="list-style-type: none"> • Our results suggested that 38 of 44 patients prescribed a particular anticoagulant medicine used to treat and prevent blood clots and stroke had not been monitored appropriately. We viewed the records for five patients and none of these records had evidence of all the required health monitoring. For example, we found one patient record with no evidence of a blood test carried out within an appropriate timescale. We also found one patient was prescribed an incorrect dose of their medicine. This meant we could not be assured that all patients had received appropriate monitoring to ensure they were on the correct dose for their medicine. 	

- Our results suggested that 26 patients prescribed a blood thinning medicine had not been monitored appropriately. We viewed the records for five patients and found no evidence of blood test results, or the dose of medicine prescribed. We were told by the practice that they did not record the result as the monitoring and dosage management was conducted by the community pharmacy. This meant we could not be assured that GPs were reviewing whether a repeat prescription would be safe for patients before prescribing this medicine.
- Our results suggested that two of five patients prescribed a particular mood stabilizer medicine had not been monitored appropriately. We viewed the records for all five patients and none had an alert on their record to highlight they were on this medicine which requires regular monitoring. Of these five patient records, we found three records that did not have evidence of all the required health monitoring. There was no record of their health monitoring being checked prior to issuing a prescription.
- Our results suggested that six patients prescribed a medicine to reduce swelling and fluid build-up had not been monitored appropriately. We viewed the records for five patients and none of these records had evidence of all the required health monitoring.
- Our results identified eight patients over the age of 65 who were prescribed an antidepressant medicine at a higher dose. Our results also identified 27 patients prescribed a medicine to treat type 2 diabetes. We viewed five records for each of these results. We found no evidence in the records that the patients had been informed of the risks associated with these medicines, as alerted by the Medicines and Healthcare products Regulatory Agency (MHRA) in December 2014 and February 2019, respectively.

We also viewed the records of three consultations for medication reviews. We found these were unstructured and incomplete as they did not include a review of the patients' entire medication list.

At the time of our inspection the provider demonstrated they took our concerns seriously. They immediately started to review our results and take action where necessary.

Track record on safety and lessons learned and improvements made

The practice did not always have a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Partial
There was a system for recording and acting on significant events.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	6
Number of events that required action:	4
<p>Explanation of any answers and additional evidence:</p> <p>We found the practice had continued to make improvements since our inspection to develop their systems for recording and acting on significant events. The practice maintained a summary log of significant events, and we saw there were nine recorded between July 2019 and June 2020. We also saw minutes from a review meeting held in April 2020 to review seven significant events that were recorded between July 2019 and March 2020; we saw a range of staff had been involved.</p> <p>We found some of the systems and processes were still being embedded at the practice. For example, we found one incident which had not been raised or recorded as significant events. For example, we looked at temperature logs of refrigerators used to store medicines. We saw there was no record of checks being completed on 8th September 2020. We noted this had been highlighted on the log. This could lead to compromised medicines being used if the temperature was out of range and had not been identified. However, there was no evidence to indicate the refrigerator had gone out of range. We found this had not been raised as a significant event. Additionally, staff told us they were not always involved in significant events reviews or learning from these. The provider told us they would take immediate action and ensure staff were reminded of the significant event processes and the need to record all concerns.</p> <p>We were also told about a data breach in July 2020. A patient had complained about the incident and the practice had taken appropriate action. A number of staff described this to us as a significant event, including what action had been taken and learning as a result. We saw this recorded on the practice complaints log, but it had not been entered on the significant events log. This could affect the practices ability to identify themes and take action to improve safety at the practice.</p>	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Injection malfunction	A particular type of injectable medicine failed due to a malfunction. The practice contacted the manufacturer who confirmed it was a known issue. They discussed the incident in a clinical meeting. The practice brought in additional safety measures as a result of information from the manufacturer. The nursing teams performed the next injection together as a learning opportunity. The practice has queried why this has not been issued as a safety alert, to inform other practices.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the practice had improved their method of recording and tracking safety alerts. We saw they had a spreadsheet of all alerts, including the issue and any actions to be completed. Alerts were received by the practice manager and circulated to the appropriate team. We were told that alerts had clinical oversight where appropriate. However, during our review of patient records, we did not always find evidence that actions resulting from medicines alerts had been completed.</p>	

Effective

Rating: Requires improvement

The rating for effective has moved from inadequate to requires improvement as the practice has made significant improvements and addressed all of the concerns raised by our inspection in September 2019. However, we found concerns regarding the completion of annual health reviews, and practice performance remained below target for some indicators.

Effective needs assessment, care and treatment

Patients' needs were not always assessed. 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence:	
The practice had responded quickly and appropriately to the COVID-19 pandemic. We saw that the practice had implemented new ways of working to reduce the risk of COVID-19 transmission between patients and/or staff. This included screening patient symptoms on the phone prior to attending the practice, carrying out temperature checks at the door, a screen at the reception desk, social distancing and wearing appropriate personal protective equipment.	
We found that annual health reviews had not always been completed, to ensure patient health and medicines needs were being met. This included patients with a learning disability and those experiencing poor mental health.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2019 to 30/06/2020) (NHSBSA)	1.63	1.09	0.70	Variation (negative)
The practice was aware of their performance relating to hypnotic prescribing. We saw this had improved slightly since our last inspection; from 1.71 in 2018/19 to 1.63 in 2019/20. The practice had taken steps to improve prescribing of hypnotics and were working with the clinical commissioning group. This included the recruitment of a pharmacist for the primary care network and another for the practice. The practice felt these steps would assist with the improvement of this indicator in future.				

Older people

Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice carried out structured annual medication reviews for older patients. However, we looked at a sample of records for medication reviews and found these were unstructured and incomplete as they did not include a review of the patients' entire medication list. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Health checks, including frailty assessments, were offered to patients over 75 years of age. Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> We identified concerns with the oversight and management of patients with a long term condition. We found not all required checks were completed during annual reviews to ensure their health and medicines needs were being met. Staff who were responsible for reviews of patients with long-term conditions had received specific training. GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions. The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Adults with newly diagnosed cardio-vascular disease were offered statins.

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

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. (01/04/2019 to 31/03/2020) (QOF)	71.1%	75.0%	76.6%	No statistical variation
Exception rate (number of exceptions).	10.1% (32)	17.5%	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)	90.8%	90.0%	89.4%	No statistical variation
Exception rate (number of exceptions).	13.9% (14)	20.8%	12.7%	N/A

Indicator	Practice	CCG average	England average	England comparison
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)	88.9%	90.8%	91.8%	No statistical variation
Exception rate (number of exceptions).	22.4% (13)	8.3%	4.9%	N/A

Any additional evidence or comments

At our inspection in September 2019 there was significant negative variation in relation to asthma and chronic obstructive pulmonary disease (COPD). For example, asthma reviews were 20% below average and COPD performance was more than 30% below average. At this inspection we found the practice had made improvement and their performance was now in line with local and England averages.

Findings

- The practice had met the minimum 90% for three out of four childhood immunisation uptake indicators. The pneumococcal booster rates were below the minimum target. We saw the practice had a small number of children, which affected their performance rate. This meant they had not reached the target by one child. They explained they had also a small community of patients who did not want their child to receive the childhood immunisation programme. The practice continued to call patients or send a letter to encourage uptake.
- The practice told us they had no specific arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. They told us they would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	50	55	90.9%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	56	63	88.9%	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)	57	63	90.5%	Met 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)	57	63	90.5%	Met 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.
- We found the practice performance for cervical screening had remained below the uptake target since our last inspection.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice introduced full telephone triage during the COVID-19 pandemic which offered flexibility to the working population.

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: 31/03/2020) (Public Health England)	61.7%	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) (PHE)	58.6%	61.5%	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)	49.2%	54.1%	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) (PHE)	100.00%	90.5%		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)	57.7%	53.2%	53.8%	No statistical variation

Any additional evidence or comments

At our inspection in September 2019 we found the practice performance for cervical screening was below target (61.4% in 2017/18). At this inspection we found the practice had remained below target. The practice explained they had continued to offer cervical smears during the COVID-19 pandemic. They told us they had a high number of patients who do not attend their appointments and they were actively following up with phone calls or text messages. They also had a number of patients who declined to attend. They were working with the practices in their network to increase their uptake.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

- Same day appointments and longer appointments were offered when required.
- The practice told us patients with a learning disability were offered an annual health check. We viewed the records for two patients with a learning disability. We found one patient had no record of an annual care plan having taken place, including a formal physical health check or review with the patient.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

Population group rating: Requires improvement

Findings

- The practice told us they 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. However, we viewed the records for five patients prescribed a particular mood stabiliser medicine and found one patient had no record of an annual mental health check.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice provided a serious mental illness enhanced service. This included clinical and non-clinical training through the psychiatrist team and community psychiatric nurses.

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) (QOF)	78.4%	80.6%	85.4%	No statistical variation
Exception rate (number of exceptions).	12.0% (12)	25.8%	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) (QOF)	81.6%	81.7%	81.4%	No statistical variation
Exception rate (number of exceptions).	2.2% (2)	14.1%	8.0%	N/A

Any additional evidence or comments

At our inspection in September 2019 we found 68% of patients with schizophrenia, bipolar affective disorder and other psychoses had a documented care plan in their record (2017/18). This was below local and England averages. At this inspection we found the practice had improved their performance.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

The practice provided evidence of several audits. Examples included; audit of patients prescribed anti-coagulants and an audit to reduce anticholinergic burden in dementia.

The practice told us they planned to increase their audit and quality improvement activity, however the COVID-10 pandemic had taken priority.

Effective staffing

The practice was able demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	90.3%	92.0%	94.5%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.4% (5)	1.5%	0.8%	N/A

Any additional evidence or comments

At our inspection in September 2019 we found recording of smoking status was below averages at 82% for 2017/18. At this inspection we found the practice had improved their performance to 90%, however this remained slightly below local and England averages.

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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

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.	Yes
Staff displayed understanding and a non-judgmental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Source	Feedback
Friends and family test	90% of patients would recommend the surgery to their friends and family (two responses)
NHS Choices	There were three mixed reviews posted since our last inspection. We saw comments that were positive about the service provided, including that patients felt the practice were helpful. The negative comments mainly related to difficulties with access to the appointment.

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 31/03/2020)	85.0%	89.5%	88.5%	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 (01/01/2020 to 31/03/2020)	86.0%	88.2%	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)	94.4%	96.1%	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)	87.4%	85.6%	81.8%	No statistical variation

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

Any additional evidence
<p>We saw the practice had included some feedback comments on displays in the waiting area.</p> <p>The practice had also worked with NHS England to develop and carry out a range of patient surveys. This was to gain patient feedback about what the service was doing well, and what improvements could be made, particularly with services offered during the COVID-19 pandemic. The practice were in the process of reviewing the findings.</p>

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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

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)	90.7%	94.7%	93.0%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There were notices about support organisations in the patient waiting area. We also saw a box for feedback forms to be submitted by patients. Due to the COVID-19 pandemic patient information leaflets had been removed from the patient waiting area and were available from the reception desk.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 99 patients who are also carers. This was approximately 2% of the practice population. They had also recorded 170 patients who have a carer.
How the practice supported carers (including young carers).	The practice system alerted when a patient was a carer or cared for. The practice identified carers through conversations or the new registration questionnaire. They offered support and referral to a local carer's charity. They had a carer's pack available which provided information on support groups and relevant information to carers.
How the practice supported recently bereaved patients.	Staff told us that if families had suffered bereavement, the practice contacted them. This may be followed by a patient consultation and/or by giving them advice on how to find a support service. The practice worked with local nursing homes or district nurses to ensure they were kept informed.

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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

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.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>All consultations were firstly triaged by telephone. The GP would then decide whether to complete the consultation by telephone, video or face to face, as appropriate. The practice did not record telephone or video consultations. Video consultations always took place in the GP clinical room to maintain privacy.</p> <p>The practice had leaflets available on their website about online services. They had updated patient information following advice from the clinical commissioning group about photos. A clinician would always speak with a patient first to maintain a patient's dignity before requesting a photo, or the consultation would be carried out face to face if needed.</p>	

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	
There were disabled facilities and translation services available. We saw there was no facility to raise an alarm if assistance was required within the disabled toilet. The practice manager took immediate action to respond to our concern.	
The practice was becoming accredited as a learning disability friendly practice through a scheme in Brighton and Hove. They had flash cards available for patients and the symbols on these cards were also used on letters to improve communication and accessibility. The practice was planning to improve their invitation letters for cervical smears with the addition of the symbols.	

Practice Opening Times	
Day	Time
School House Surgery	
Monday	8:30 - 12:00 & 14:00 - 18:00
Tuesday	8:30 - 12:00 & 14:00 - 18:00
Wednesday	8:30 - 12:00
Thursday	8:30 - 18:00
Friday	8:30 - 12:00 & 14:00 - 17:00
Church Surgery (branch)	
Monday	8:30 - 12:00 & 15:00 - 18:00
Tuesday	8:30 - 12:00 & 15:00 - 18:00
Wednesday	8:30 - 18:00
Thursday	8:30 - 12:00
Friday	8:30 - 12:00 & 15:00 - 18:00
When the surgery is closed at lunchtime, there is a GP on call or patients can access care through local arrangements. Outside of these hours, patients are advised to call NHS 111 where they can be directed to the service that can best meet their needs.	

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 (01/01/2020 to 31/03/2020)	95.5%	95.3%	94.2%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> • All patients had a named GP who supported them in whatever setting they lived. • The practice was responsive to the needs of older patients. They offered home visits and urgent appointments for those with enhanced needs and complex medical issues. • The practice provided effective care coordination to enable older patients to access appropriate services. • The practice provided care to residents of two local nursing homes, each had a named GP contact in order to provide continuity of care. The named GP carried out a weekly ward round, which had been done virtually during the COVID-19 pandemic. They attended the homes where necessary.

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. • 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, palliative care 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

- Additional nurse appointments were available for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice continued to offer 6-week baby checks, childhood immunisations and cervical screening in a safe way throughout the COVID-19 pandemic.

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.
- During the COVID-19 pandemic the practice had introduced a triage system in line with NHS England guidance.
- The practice offered online access to book appointments and/or order repeat medication.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice was involved in a Brighton and Hove Syrian refugee scheme. The practice received information prior to the arrival of families and pre-arranged their appointments. They were offered longer appointments, along with their keyworker who acted as the translator, to ensure adequate time was determine their care and treatment 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.
- 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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when necessary.	Yes

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)	92.3%	N/A	65.2%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	79.9%	73.7%	65.5%	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 (01/01/2020 to 31/03/2020)	62.0%	70.4%	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)	86.1%	79.4%	72.7%	Tending towards variation (positive)

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.	7
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: The practice used a spreadsheet to track complaints and monitor for trends. The practice held an annual meeting to review all complaints, comments and feedback received in the year.	

Example of learning from complaints.

Complaint	Specific action taken
Breach of confidentiality	We found that this was satisfactorily handled and dealt with in a timely way and that action had been taken to prevent similar issues in the future. The practice fully investigated and found there had been miscommunication between staff. The practice had an open and honest meeting with all staff. They developed an action plan to ensure all learning was completed. They have brought in new procedures and all staff completed refresher information governance training. The practice informed their data protection officer and reported the incident to the information commission office. There was no further action.

Well-led

Rating:

Inadequate

The rating for well-led has moved from inadequate to requires improvement as the practice has made significant improvements and addressed the concerns raised by our inspection in September 2019. However, there were concerns relating to clinical governance. We also found there were some systems and processes that were not implemented effectively or were not yet well embedded.

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
The practice leaders demonstrated they had made improvements since our last inspections in September 2019 and February 2020. They had developed action plans to address issues identified and were maintaining a new tracking spreadsheet of current risks. They were able to describe their action against ongoing concerns. They also told us about staffing challenges within the nursing team, which was going through a period of change. A new practice nurse had joined the team in the week of our inspection. They were also looking forward to the addition of a pharmacist for the practice, along with a pharmacist working within their practice network.	
The practice had continued to hold staff meetings remotely during the COVID-19 pandemic. They held weekly staff briefings and ensured all staff were given the opportunity to raise any issues or make suggestions for improvement. All staff were encouraged to submit agenda items for discussion. They were holding the meetings over the telephone or video call. The practice was due to receive a large smart screen TV and were planning to undertake interactive sessions with staff.	

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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:	
We saw the practice annual business plan, which set out their strategy and priorities.	

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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes

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

Source	Feedback
Staff interviews and feedback forms	Staff we spoke with told us that there was an open culture at the practice. They felt the GPs and management were approachable. They told us they felt listened to, valued and respected. They were happy with the level of communication at the practice. Staff commented that they felt supported to reach their potential. They told us there had been a lot of change at the practice following our previous inspections and were optimistic about the future.

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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

Managing risks, issues and performance

The practice did not always have clear and effective 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.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<p>We found there were some systems and processes that were not implemented effectively or were not yet well embedded. This included safeguarding procedures and significant events. During the inspection and following our visit, the practice demonstrated they took our concerns seriously and took immediate action.</p> <p>We found significant concerns around clinical governance relating to medicines management, which meant we could not be assured there were comprehensive systems to identify, manage and mitigate risks to patient safety.</p>	

Appropriate and accurate information

The practice could not demonstrate a 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.	Partial
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
<p>The practice monitored patient outcomes, including using the Quality Outcomes Framework. There were areas of performance that fell below target or average such as the prescribing of hypnotics and cervical screening. The practice was aware of these and described the actions that were being taken to make improvements, however we saw some areas that had not improved since our last inspection.</p> <p>We could not be assured that the practice had systems to regularly review quality and audit data to review performance relating to medicines management.</p>	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes

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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Explanation of any answers and additional evidence:

The practice had taken significant steps towards improving patient engagement. They had worked with NHS Digital to increase the numbers of patients that had signed up to online services. They also started a project to improve the number of patients that had provided their nominated pharmacy, and to increase consent for mobile/text communications. Through this work, staff made improvements in both areas. The number of recorded nominated pharmacies increased from 4% to 54% and mobile consent from 33% to 82%. Whilst staff spoke to patients, they also took the opportunity to tell them about the patient participation group.

Feedback from Patient Participation Group.

Feedback
The practice had set up a new patient participation group since our last inspection. We heard from one member of the group who told us they had an additional 10 interested patients. They were looking forward to their first meeting, which had been delayed due the COVID-19 pandemic, but they were setting up the technology to have a virtual meeting. They told us their aim was firstly to raise patient awareness about the group and improve patient access. We heard that the practice was responsive to feedback through existing methods, for example there had been a review stating the garden was unkempt which was rectified the next day. The practice was supportive of the group and would be responsive to their concerns, suggestions or queries raised. The PPG member we spoke with was positive about their personal experience with the service, especially during the COVID-19 period.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<p>The practice had systems in place for continuous learning and improvement. Learning from complaints and significant events was shared appropriately, however we found not all significant events had been identified and recorded.</p> <p>We were given numerous examples of staff suggestions being implemented. These included changes to administrative processes to increase security and tracking of information.</p> <p>The practice had engaged with the NHS Institute for Innovation and Improvement 'Productive General Practice' (PGP) programme previously and had applied to take part again in January 2021. This involved administrative staff working together to review job standards and efficiency processes to improve workflow.</p>	

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.