

Care Quality Commission

Inspection Evidence Table

Olive Medical Practice (1-7262793866)

Inspection date: 11 August 2021

Date of data download: 22 July 2021

Overall rating: Good

The overall rating for this practice is good. Key questions Safe, Effective, Caring and Well Led are rated good, however key question Responsive and the population groups are rated as Requires Improvement.

At our previous inspection on 25 September 2019 the practice was rated inadequate for providing safe services and requires improvement for providing effective, caring, responsive and well led services. The practice was issued with a warning notice for breach of regulation 12(1) Safe care and treatment and a requirement notice for regulation 17(1) Good governance. A follow up inspection to check the practice had acted in response to the warning notice was undertaken in January 2020 and this identified that all the areas had been addressed.

This inspection was undertaken much later than originally planned due to the COVID-19 pandemic and the subsequent lock down restrictions. This inspection confirmed that the improvements we identified at the follow up inspection in January 2020 had been sustained and we noted further quality improvements across several areas.

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

Safe

Rating: Good

At our inspection in September 2019 we noted gaps in the management and coding of patient information on the safeguarding registers; the review of test results and management of tasks were not timely, there was no evidence that some patient safety alerts had been actioned and clinical staff working in advanced roles were not sufficiently monitored. This inspection identified all these areas had been addressed.

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	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies 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>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Since our last inspection in September 2019 the practice had continued to develop and improve the quality of its safeguarding registers. These were actively monitored and reviewed at least monthly. The practice manager worked closely with the local safeguarding team to ensure any young people on the practice's safeguarding registers were accurate and up to date. Regular meetings were undertaken with the safeguarding team and the practice actively contributed to the development of the clinical commissioning group's safeguarding policies, procedures and approaches. • The practice had a clinical safeguarding lead for both children and adult safeguarding matters. Records available showed that all staff including clinicians were trained to the correct levels. • Policies, procedures and contact information was readily available to the whole staff team both in consultation rooms and on the practice's electronic information management system. • All staff spoken with including clinicians, administration and reception staff demonstrated a good understanding of safeguarding and the policies and procedures in place to support them should they need to raise a concern. • Systems to ensure young people who did not attend an outpatient appointment were monitored and action taken that included contacting the child's parent or guardian and encouraging rescheduling of appointments 	

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We examined a sample of staff recruitment files, including locum clinical staff and administrative staff. We observed that all files were organised with a monitoring checklist to ensure all the correct documentation was in place. We reviewed one staff file for a receptionist which contained only one reference and the management team were able to clearly explain the reasoning for this. However, following a discussion with the manager it was confirmed a second reference would be obtained immediately. Evidence to demonstrate this, was provided the morning after our visit. The recruitment files we reviewed all contained the correct documentation including identification and Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff who undertook chaperoning duties were trained and had a DBS check in place. Those staff who did not have a DBS in place had an appropriate risk assessment in place and did not undertake chaperone or any activities directly with patients. 	

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: 25/06/2021	Y
There was a record of equipment calibration. Date of last calibration: 02/08/20221	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	NA
There was a fire procedure.	Y
A fire risk assessment had been completed. Date of completion: 22 April 2021	Y
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> A comprehensive fire risk assessment had been undertaken in April 2021 this assessment included reviewing maintenance of the electrical and gas safety systems and found these to be satisfactory. The fire risk assessment identified four areas for improvement. The action plan showed that two of the areas identified had been actioned and the two remaining areas that included emergency lighting at the back door and the provision of a step out of the building at this door were in the process of being actioned. The practice were waiting for the fire service company to undertake the remedial work and this was scheduled for October 2021. All staff were trained in fire safety and knew how to respond in the event of a fire alarm. There were designated staff allocated the role of fire marshals. They were clear on the responsibilities of this role and specific training to support them with this role was planned. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out.	Y
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had comprehensive oversight of health and safety in the practice. For example, COVID-19 secure risk assessment had been implemented and adaptations undertaken in the physical lay out at the entrance to the GP practice and in the waiting rooms to ensure risks to patients, staff and visitors from potential COVID-19 infections were mitigated. There were risk assessments in place for staff, equipment and the building. Health and safety policies and procedures were in place and accessible to all staff on the practice electronic information system. All staff were involved in identifying risk and recording risk assessments. The building security and staff safety were supported by clear guidelines for opening and closing the surgery daily. Each room within the practice had its own risk assessment in place to ensure safe working practices. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 20 March 2021	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice nurse was the lead for infection control and additional training to support them with this role was planned. Comprehensive Infection Prevention and Control (IPC) policies and procedures were available and accessible to all staff. These had been updated to reflect new guidance and procedures to mitigate against the transmission of COVID-19. 	

- The practice had adapted the GP practice environment to provide safe space for patients and for staff. Action to reduce footfall into the practice had been taken and in line with national guidance most GP consultations were initially by telephone during the COVID-19 pandemic.

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
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • At our previous inspection the practice did not have a pulse oximeter (which measures the oxygen levels in your blood) available. This was now available for adults and children. • Staff had received appropriate training including basic life support training. The reception staff demonstrated a clear understanding of when to advise patients to call the emergency services if they described serious and or life- threatening symptoms. A flow diagram was readily available to allow staff to check quickly when this type of advice was required. 	

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
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results, and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence:	

- This inspection identified comprehensive and effective systems were established to ensure all patient information including documents, laboratory test results and cytology reports were reviewed and actioned in a timely manner.
- The practice had established its own team of three staff members whose primary responsibilities were in managing the daily workflow of patient information to ensure all referrals, tests results, and patient letters were actioned quickly and appropriately. The practice manager reviewed daily the workflow information and allocated this out to the team.
- Monthly audits were undertaken where the GPs would sample 12 documents to ensure that the information had been coded correctly and allocated or tasked appropriately to a clinician if required. Copies of these audits were available for the inspection team to review.
- The practice maintained links with the local federation workflow hub who provided a contingency back up service if and when the amount of patient information workflow built up which had occurred recently following a staff member's absence.
- Comprehensive systems were in place to monitor patients who were referred along the two-week pathway, to ensure they received a timely appointment. This was monitored twice weekly to ensure patients were contacted and an appointment arranged with a secondary care service. In addition, the manager undertook monthly audits to monitor this. The practice manager confirmed their data showed that in the last two years all patients referred along this two -week rule pathway had been contacted or received an appointment within the required two-week period.
- The sample of patient records we reviewed contained comprehensive detailed notes of the consultation or other communication undertaken with the patient.

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHS Business Service Authority - NHSBSA)	0.77	0.81	0.70	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2020 to 31/03/2021) (NHSBSA)	5.2%	8.7%	10.2%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r	5.09	5.42	5.37	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2020 to 31/03/2021) (NHSBSA)				
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	84.9‰	187.5‰	126.9‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHSBSA)	0.64	0.97	0.66	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2020 to 31/12/2020) (NHSBSA)	3.9‰	7.3‰	6.7‰	Tending towards variation (positive)

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
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

Medicines management	Y/N/Partial
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Improvements had been made in the management of medicines since our inspection visit in September 2019. For example, systems were now established to ensure prescribing undertaken by non-medical prescribers, including an advanced nurse practitioner and pharmacists, was monitored and reviewed to ensure this was safe and appropriate. Each GP partner sampled a selection of non-medical prescriber's consultation notes each month and provided feedback to these clinicians to ensure safe and effective quality care and treatment was provided. The practice employed two pharmacists who had specific roles and responsibilities. One pharmacist undertook patient face to face medicine reviews including patients with complex health care needs or who were prescribed several medicines (polypharmacy). The pharmacist was also responsible for reviewing repeat prescriptions and undertaking minor ailments clinics. The other pharmacist ensured any patient safety alerts including medicines were cascaded out to the practice manager, the GPs and other clinicians. The pharmacist also carried out patient record searches to ensure those prescribed any medicine to which an alert related were responded to appropriately. We noted one patient did not have a pregnancy prevention plan in place as identified by a medicine alert. The patient's written record showed that the prescribed medicine had been reviewed and indicated such a pregnancy prevention plan was not required. However, the record did not clearly explain the rationale for this decision. We discussed this with the GP provider, and they confirmed they would review this patient, the prescription and the decision making in relation to the pregnancy prevention. They also confirmed they would review this as a significant event to use it as a tool to share learning with clinicians. This inspection identified that patient healthcare needs were monitored appropriately. Our review of a sample of patient records showed that regular monitoring including blood tests were undertaken appropriately. Where a patient was under the care of a hospital consultant then the practice contacted the secondary care service to ensure the test results were available to them, so that prescribing was undertaken appropriately. The practice manager carried out monthly antibiotic prescribing audits for each clinician and shared this information with each of them. This was used to assist them to self-reflect on their prescribing practice. The manager confirmed that it appeared effective as clinicians did respond to these audits. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> The practice held a range of emergency medicines which were stored securely in the nurse's treatment room. These were checked regularly to ensure they remained in date. We discussed with the practice team that adrenalin (immediate treatment given for severe allergic reaction) should be more readily available on both the ground and first floor of the practice. The practice team confirmed the following day that adrenalin would be made available in each consultation room, where procedures such as flu vaccinations were being undertaken. We observed the pharmaceutical fridge used to store vaccines did not contain excessive stocks. The sample of vaccines we viewed were all within date. Systems to monitor the fridge temperatures were established and checks were undertaken on a Monday to ensure safe fridge temperatures had been maintained at the weekend. The practice nurse ordered vaccines weekly and used the vaccine delivery receipts as part of their monitoring of expiry dates. This did not provide an easy overview of expiry dates or stock levels and we discussed introducing a more complete log to provide a clearer picture of stock and expiry levels. The practice was in the process of adding a private circumcision service to its Statement of Purpose. We discussed this with the practice and advised that records of stock and expiry dates for any medicine used for this procedure should be maintained and for all medical equipment used. 	

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:	6
Number of events that required action:	6
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> There was a clear understanding by all staff we spoke with that the reporting of incidents was a useful tool of learning and development. Policies and procedures were readily available A system was established to record and investigate incidents and action taken to review the service provided and make changes as required. Records of the incidents and the outcome from the investigations were available to staff on the practice record management system and these were shared with staff at the weekly clinical meeting and by email. Minutes of meetings demonstrated incidents were discussed. 	

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

Event	Specific action taken
A patient's name had not been added to the on call clinical triage list, so did not receive a call back.	Following a review of the incident the patient information system was adapted so that reception staff highlighted patients requiring to be included on the triage list in pink, and once the patients had been added to the triage list the colour changed back to normal.
Pregnant patient found to have a bacterial infection, GP prescribed antibiotics, however the midwife was not informed as required by guidance for this particular infection.	Discussed at clinical meeting and updated guidance circulated to all clinicians to remind them of the importance that midwives are informed of such infections to ensure action is implemented to minimise risks to the newborn child.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Systems were established to ensure that patient safety alerts were received, shared appropriately and actioned. • Records of recent alerts were available, and the action taken in response to these. • A sample of patient records we viewed at this inspection confirmed appropriate action had been in response to alerts. • The practice had ensured patients requiring steroid treatment due to adrenal insufficiency (adrenal glands do not make enough of a certain hormone) were supplied with an "Steroid Emergency Card" to support clinicians to recognise quickly and treat adrenal crisis in adults following the National alert issued in prescribing of these medicines. 	

Effective

Rating: Good

At our inspection in September 2019 the practice was rated as requires improvement for providing effective services. The data for childhood immunisations and cervical screening was below the national targets. At this inspection data still was lower than national targets, however the practice had implemented strategies as part of their quality improvement work to try to increase uptake of these screening programmes. The rating for the population group working age people (including those recently retired and students) remains as requires improvement as published data for cervical screening remained low.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• In response to the COVID- 19 pandemic and the subsequent changes in national guidance the practice had adapted how it offered appointments to patients to ensure the health safety and welfare of clinicians, patients and staff. This meant all patient appointments were triaged by the GP and telephone appointments offered in the first instance. The GP practice offered face to face to patients if they felt this was necessary.• As part of this inspection we undertook a range of patient record searches alongside a sample review of some patient records. This identified that patients received the right healthcare monitoring associated with their prescribed medicines. Patients records were up to date and thorough in their content.	

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medicines reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had access to two community support teams including the Acute Visiting Team and the Integrated Neighbourhood Team – both services could provide a bespoke and rapid support to patients.
- 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 in accordance with national guidance and the availability of the vaccines.

People with long-term conditions

Population group rating: Good

Findings

- The practice followed government guideline and offered routine long-term conditions reviews during 2020-2021 in accordance with this guidance.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. However, many of the reviews were undertaken through telephone consultations due to the pandemic. Patients who were experiencing acute symptoms were offered a face to face appointment with a clinician.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. The practice was trying to recruit another practice nurse to support their existing practice nurse.
- The practice team 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 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.
- The practice had introduced a smart phone communication application (Accurx +) to assist communication with patients. Recently this application had been used to supply all patients prescribed steroid treatments with an electronic Steroid Emergency Card.
- In addition, the smart phone communication application allowed the practice team to send appointment reminders to patients, test results and links to specific health condition guidance to support patients manage their own health.

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)	70.9%	75.8%	76.6%	No statistical variation
PCA* rate (number of PCAs).	2.3% (11)	9.1%	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)	93.2%	90.1%	89.4%	No statistical variation
PCA rate (number of PCAs).	0.0% (0)	7.0%	12.7%	N/A
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)	79.1%	84.9%	82.0%	No statistical variation
PCA* rate (number of PCAs).	3.1% (5)	4.1%	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)	53.7%	67.5%	66.9%	Tending towards variation (negative)
PCA rate (number of PCAs).	3.6% (24)	12.7%	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)	60.5%	73.4%	72.4%	Tending towards variation (negative)
PCA rate (number of PCAs).	3.0% (16)	5.4%	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%	95.7%	91.8%	No statistical variation
PCA rate (number of PCAs).	10.0% (2)	7.3%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) _(QOF)	57.5%	76.0%	75.9%	Variation (negative)
PCA rate (number of PCAs).	2.5% (17)	6.7%	10.4%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Any additional evidence or comments

- The practice team were aware that some of their Quality and Outcome Framework (QOF) data for the monitoring of blood pressure was below local and national averages. The practice manager and GP provider told us that before the COVID-19 pandemic, the practice had invested in a number of blood pressure machines which were loaned out to patients to encourage them to undertake blood pressure readings. These were not returned as lockdown restrictions were imposed.
- At the time of inspection the GP practice were working with the primary care network (PCN) who was taking the lead with blood pressure monitoring and supply of equipment to patients.

Families, children and young people

Population group rating: Good

Findings

- The practice had not met the minimum 90% for three of five the childhood immunisation uptake indicators. The practice team had been liaising with Childhood Health Surveillance Team over the last 12 months, to identify those families who had not brought their child in for immunisations and consider how best to encourage uptake of these.
- The practice manager provided us with an information letter "Guidance to keep you safe when attending your vaccination appointment" which was provided to parents or parental guardians advising them of the measures the practice had put in place to safeguard them from the COVID-19 pandemic. In addition, direct contact was made with families who had refused vaccinations for their child and a log of the contact and discussion with the parents around the reasons why they were refusing vaccinations for their children. The main reasons provided by the different parents spoken with was they were against the vaccination programme or did not believe them to be safe.

- The practice were in the process of obtaining consent from these families to remove the children from vaccination programme. The withdrawal of consent form emphasised to the parents that they could change their minds at any time and vaccinations could be arranged for their child.
- The practice had effective arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary. Logs of all children who did not attend an appointment were maintained and this was audited to ensure a follow up call had been to the child's parent or guardian.
- 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) (01/04/2019 to 31/03/2020) <small>(NHS England)</small>	73	90	81.1%	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) <small>(NHS England)</small>	97	106	91.5%	Met 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) <small>(NHS England)</small>	93	106	87.7%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) <small>(NHS England)</small>	94	106	88.7%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles,	140	150	93.3%	Met 90% minimum

mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)				
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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 continued to encourage patients to attend for cervical screening. They had introduced a strategy to specifically call up patients who had not attended for this screening. One staff member had attended bespoke training in 2020, in how to support and encourage patients to attend this screening.
- The staff member spoke Urdu and Gujarati and was therefore able to communicate effectively with patients to explain the importance of the screening and what the procedure involved. The practice confirmed the staff member had been successful in increasing uptake of this screening, despite the pandemic and the associated restrictions. The staff member booked the appointment and sent the patient a texted reminder just before the appointment.
- Patients had access to the GP federation Local Primary Care (LPC) who were able to offer patients screening in an evening and at weekends.
- The practice nurse also followed up patients requiring cervical screening both opportunistically and following a non-attendance at an appointment.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/03/2021) (Public Health England)	52.4%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	9.8%	58.6%	70.1%	N/A

Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2019 to 31/03/2020) ^(PHE)	40.7%	58.4%	63.8%	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) ^(QoF)	90.0%	94.3%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) ^(PHE)	36.4%	50.3%	54.2%	No statistical variation

Any additional evidence or comments

- The practice worked with the clinical commissioning group (CCG) Cancer Project Officer to increase up take of other cancer screening such as bowel screening and the practice implemented strategies contacting patients directly to encourage uptake.
- We discussed the data above regarding the uptake of breast screening and the practice manager liaised with the cancer project officer and the conclusion for this time period was that the data is incorrect.
- Unverified data supplied for this year showed that 566 patients were eligible for this breast screening, 366 patients had attended this screening (65% uptake), and 200 had not attended. The practice had recently introduced sending out letters to those who did attend.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice followed National guidelines imposed as a result of the COVID-19 pandemic and this means all patient requests for appointments were triaged by a GP and allocated to the most suitable clinical or support service. This included telephone consultations and face to face to appointments with a clinician.
- The practice patient record system flagged up when a patient was considered vulnerable and this was used to prioritise the type of the appointment offered to people. 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 maintained a palliative care register which was reviewed at intervals and attended end of life multi-disciplinary team meetings when scheduled.

- The practice had access to an Acute Visiting Service which undertook home visits on behalf of the practice if a patient became acutely ill.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had recognised that some patients required different types of support when attending the practice and had introduced written communication cards to allow them to ask for this support. For example, a patient could show a card to request a private room or advise them of some issue such as a hearing impairment.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice undertook telephone assessments to review the physical health of people with mental illness, and to signpost them to support services to help manage lifestyle choices.
- Patients with mental health were offered telephone support with referral and signposting to support services during an acute episode of their illness.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- 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. The practice manager shared with us their unverified data which showed all patients on their register with dementia had received a review this year.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) _(QOF)	93.8%	91.9%	85.4%	No statistical variation
PCA* rate (number of PCAs).	5.9% (2)	12.9%	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)	90.5%	83.2%	81.4%	No statistical variation

PCA rate (number of PCAs).	0.0% (0)	6.0%	8.0%	N/A
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*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Monitoring care and treatment

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

Indicator	Practice	England average
Overall QOF score (out of maximum 559)	511.8	533.9
Overall QOF score (as a percentage of maximum)	91.6%	95.5%
Overall QOF PCA reporting (all domains)	7%	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	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

- Since the inspection in September 2019, the practice implemented a comprehensive quality improvement plan with the support of the local GP federation (LPC). The improvement plan was regularly reviewed and updated. At the time of this inspection the improvement plan was assessed as completed. However, the practice manager confirmed quality improvement activity was still ongoing and was able to demonstrate a number of clinical audits undertaken to monitor the safety and effectiveness of the service delivered. For example, audits of the workflow procedure, non-medical prescribers' consultations, and antibiotic prescribing were undertaken monthly.
- In addition, one clinical pharmacist employed at the service, carried out regular patient record searches in response to patient safety alerts to ensure medicines including combination medicines were prescribed safely and that patients benefited from the right type of monitoring at the right interval. We viewed three annual repeated audits for Sodium Valproate, a medicine used to treat some types of seizure, known to cause fetal abnormalities if taken while pregnant.

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.	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
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
Explanation of any answers and additional evidence: In addition to a schedule and records of staff appraisal, the practice manager had undertaken well-being interviews with the staff team to ensure they felt supported especially during the lengthy periods of lockdown due to the pandemic.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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

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 and tackling obesity.	Y

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We discussed the circumcision service that was being added to the GP practice's offer to people living in the local community and surrounding area. This was a private service. We signposted the manager to national guidance and discussed the need to ensure the people giving consent for circumcision of the child had the parental or guardian right to do so and that evidence of identity from both parents should be obtained before the procedure is undertaken. The practice manager confirmed that this would be obtained as part of the consent procedure for the circumcision. 	

Caring

Rating: Good

At our inspection in September 2019 the practice was rated as requires improvement for providing caring services. At this inspection the practice had undertaken different initiatives to engage and support patients despite the lockdown restrictions. The practice had undertaken their own patient surveys, and these showed significantly positive responses. The practice was aware that further work was required to improve patient satisfaction and improve the GP patient survey results and strategies to address this were being implemented.

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgmental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Interviews with staff demonstrated there was a good understanding of the patient demographic registered at Olive Medical Practice.	

Source	Feedback
CQC Give Feedback on Care	Five feedback on care reports were received between May and July 2021. These all provided positive commentary about the personalised quality of care and treatment received by different members of the staff team. These feedback reports described specific interventions undertaken by reception, GPs, pharmacists and the advanced nurse practitioner.
Patient feedback	We spoke with four patients as part of inspection the day after the inspection visit. They provided positive feedback regarding the quality of care they received. They emphasised the improvements made at the practice. These included access to appointments, the redecoration and increased levels of privacy in reception and GPs not rushing the consultation.
NHS choices	There had been three anonymous reviews posted since January 2021 (one referred to a visit in March 2020). These referred to difficulty with the phone lines, reception staff not being able to provide information about the COVID-19 vaccine.

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 (01/01/2021 to 31/03/2021)	77.4%	89.0%	89.4%	Variation (negative)
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 (01/01/2021 to 31/03/2021)	75.6%	87.8%	88.4%	Variation (negative)
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 (01/01/2021 to 31/03/2021)	99.0%	94.9%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	52.2%	83.2%	83.0%	Significant Variation (negative)

Any additional evidence or comments

- The above National GP survey data was collected between January and March 2021. The GP patient survey information showed that 508 surveys were sent out, 105 responses were received which equates to just 1.3% of the patient population.
- The registered patient population is 65% Asian, and the GP patient survey is sent out in English. The lack of an accessible survey in a language understood by the patient population potentially restricted the response rate to the survey.
- The practice gave examples of where they had tried to work with the patients at the practice. Reception staff we spoke with demonstrated an empathetic approach to patients, some staff were multi-lingual and therefore able to speak to and reassure patients in a language they communicated in.
- The practice had specifically allocated multi-lingual staff to their healthcare screening programmes to promote and encourage screening and to answer questions. This included responding to patients queries and concerns directly.

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

Any additional evidence

- The practice undertook their own survey, in January 2021. Paper questionnaires were handed out to patients when they attended for their flu vaccination. All 53 questionnaires were returned. An analysis of the responses received, showed all 53 felt the practice was welcoming, all indicated that the clinicians met their needs and 52 stated they would recommend the practice.
- The practice team also monitored friends and family feedback and an action plan was in place to address patient concerns. For example one comment received in December 2020 where the patient said they couldn't get a face to face appointment, was discussed at the practice clinical meeting where it was stated that face to face appointments had been re-introduced in accordance with guidance but these were offered after a telephone consultation with a clinician. Another patient commented that reception staff were unhelpful. The practice manager held a practice meeting to discuss patient feedback and review approaches to patients who maybe anxious and frustrated.
- At the time of the inspection visit, the practice was undertaking a patient survey that had commenced at the end of April 2021. Clinicians handed out the questionnaires to patients following a consultation. We were able to see the 54 responses received back so far and the analysis of these showed that 52 patients were satisfied and described their experience as positive. Two patients expressed dissatisfaction and referenced dissatisfaction with the organisation at the practice and telephone access. Both issues were under constant review and action plans in place to improve these areas.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice was able to offer patients multi-lingual staff if needed. • The practice used a smart phone communication application and were able to send information about support services. • Communication cards to enable patients to ask for support discretely in reception were available. 	

Source	Feedback
Interviews with patients.	The four patients we spoke with provided positive feedback about the quality of service they received. Patients told us they felt safe, and that COVID-19 cleaning and the use of personal protective clothing was appropriate.

	<p>They told us staff were approachable and respected their privacy and dignity. One patient said he had heard 'good things' about the practice and had moved all his family to the service recently. Another patient said they had seen many improvements in recent years.</p> <p>We spoke with a member of the patient participation group (PPG), who provided positive feedback but also explained the further improvements needed with the phone lines but also recognised that this was part of the practice's future plans.</p>
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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 (01/01/2021 to 31/03/2021)	89.2%	90.5%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Many of the staff working at the GP practice were multi-lingual which enabled them to communicate more effectively with patients whose first language. • Information leaflets could be sent electronically to patients • Information about support services was also available. The practice was part of the healthier Lancashire initiative (Pennine Lancashire Neighbourhood Integration Accelerator) where the primary care networks (PCN) worked together to target bespoke support for patients in the community. 	

Carers	Narrative
Percentage and number of carers identified.	The practice regularly sent out information to canvass for carers. At the time of this visit there were 30 patients identified as carers. This equated to less than 1% of the patient population.

How the practice supported carers (including young carers).	All carers were sent a letter by the practice thanking them and telling them to get in touch should they need support. Each month the practice sent out links for the newsletter from Blackburn with Darwen Carer's Support organisation. Flu vaccinations and health checks will be offered to carers.
How the practice supported recently bereaved patients.	The practice provided support to patients on an individual basis and this included a visit or telephone call if it was appropriate. They signposted patients to bereavement support services. GPs would visit patients at home to certify death quickly in response to religious and cultural needs.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Adaptations had been undertaken in the entry/reception area of the practice to minimize the risks from COVID- 19. The practice took the opportunity to increase privacy whilst undertaking these changes. This meant that telephone calls were now taken in a private area screened away from patients.</p>	

Responsive

Rating: Requires Improvement

The practice was rated as requires improvement for providing responsive services at our last inspection. The practice had worked hard to try and improve patient access to appointments and there was recognition by the Clinical Commissioning Group (CCG) that the problems with telephone access affected the whole locality. Patient feedback in the GP patient survey indicated dissatisfaction with access to appointments.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00 to 18:30
Tuesday	08:00 to 18:30
Wednesday	08:00 to 18:30 Extended access until 8.30pm
Thursday	08:00 to 18:30
Friday	08:00 to 18:30
Appointments available:	
Monday	8.00am – 6.30pm All day triage
Tuesday	8.00am – 6.30pm All day triage
Wednesday	8.00am – 6.30pm All day triage
Thursday	8.00am – 6.30pm All day triage
Friday	8.00am – 6.30pm All day triage

Older people

Population group rating: requires improvement

Findings

The provider is rated as requires improvement for providing responsive services. The concerns identified overall affected all patients including this population group.

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and could offer home visits by the Acute Visiting Team or the Integrated Nursing Team.
- Urgent appointments for those with enhanced needs and complex medical issues were available.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: requires improvement

Findings

The provider is rated as requires improvement for providing responsive services. The concerns identified overall affected all patients including this population group.

- The practice had adapted its services to ensure patients received safe care and appropriate monitoring of their long-term conditions.
- Telephone monitoring was undertaken in the first instance and those suffering from an acute exacerbation of their long-term condition were offered either a face to face review or referred to a specialist nurse or clinical service for additional monitoring and treatment.
- The practice liaised regularly with the multi-disciplinary teams 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: requires improvement

Findings

The provider is rated as requires improvement for providing responsive services. The concerns identified overall affected all patients including this population group.

- Systems to identify and follow up children living in disadvantaged circumstances and who were at risk, and who had attended accident and emergency (A&E) were established and effective. All staff demonstrated awareness to remain vigilant when reviewing incoming correspondence.
- All parents or guardians calling with concerns about a child were triaged by a clinician and offered a same day appointment when necessary or signposted to the most appropriate service.
- The practice offered a childhood immunisation programme and encouraged and supported families to ensure children received their vaccinations. Work had been undertaken with the childhood health

surveillance to target and offer additional support and advice to those families who refused to have their children vaccinated.

Working age people (including those recently retired and students)

Population group rating: requires improvement

Findings

The provider is rated as requires improvement for providing responsive services. The concerns identified overall affected all patients including this population group.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8.30pm on a Wednesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available in the evening and at weekends. These included cytology appointments.

People whose circumstances make them vulnerable

Population group rating: requires improvement

Findings

The provider is rated as requires improvement for providing responsive services. The concerns identified overall affected all patients including this population group

- Registers were available of those on the palliative care pathway 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 travelers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.

People experiencing poor mental health (including people with dementia)

Population group rating: requires improvement

Findings

The provider is rated as requires improvement for providing responsive services. The concerns identified overall affected all patients including this population group.

- There was recognition that some patients with mental health issues including dementia had been affected negatively by the last 18 months during the pandemic.
- The practice worked with the locality primary care network and CCG to ensure avenues of support were available to patients with mental health issues. The practice was aware of support groups within the area and signposted their patients to these accordingly.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Access to the service

Some feedback from people indicated dissatisfaction with timely telephone access to the practice.

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Patients were able to make appointments in a way which met their needs.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
There were systems in place to support patients who face communication barriers to access treatment.	Y
Patients with urgent needs had their care prioritised.	Y
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Y

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	30.8%	N/A	67.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	46.4%	73.2%	70.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	44.2%	71.8%	67.0%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	57.9%	77.5%	81.7%	Variation (negative)

Any additional evidence or comments

The practice were aware of the difficulties patients had trying to get through to the practice on the telephone. They had been working both with the telephone provider and the CCG to improve telephone access to not just this GP practice but to other GP practices in the area.

In addition, they had taken other actions including

- An acknowledgement and apology on their telephone messaging system.
- Obtaining information and pricing from other telephone communications systems to explore the feasibility of upgrading the telephone system
- Introduced a dedicated mobile telephone number for patients to order their prescriptions.
- Introduced an online consultation model whereby patients can input their symptoms or their query and receive a response within 24 hours. Feedback from patients was positive about this service.
- Continued to meet with the CCG and NHS Midlands and Lancashire Commissioning Support Unit (MLCSU), the current telecommunications provider, to demand improvements in telephone access. This continued engagement had led to some improvements in that the call system did not automatically drop out and patients were no longer being cut off, which had happened frequently.
- The practice team were also trying to educate the patient population about the on-going change in appointment systems as a result of the pandemic
- The practice team told us anecdotally that they believed the number of complaints /grumbles to the practice team had lessened over recent weeks.

Source	Feedback
NHS Choices	Two comments from January and February 2021 referred to getting through on the telephone as being difficult
Patients interviewed	We spoke with four patients, three said they had no trouble getting appointments and were very complimentary about the quality of care and treatment they received. One patient, a member of the patient participation group (PPG), was very complimentary about the online consult but also mentioned concerns shared with the practice regarding patients with limited IT skills.
Patient feedback to the CQC: Positive	We received five positive feedback forms between May and August 2021 – all offered positive feedback about the staff, appointments and the quality of care and treatment they and their families received.
Patient Feedback to CQC: Negative	We received three feedback forms in November 2020 expressing dissatisfaction with telephone access and an additional concern about the same issue in May 2021.

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.	12
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial	
Information about how to complain was readily available.	Y	
There was evidence that complaints were used to drive continuous improvement.	Y	
Explanation of any answers and additional evidence: The practice had a system established to respond to patient feedback whereby: <ul style="list-style-type: none">• A senior receptionist was available to discuss any concerns or issues a patient had. The staff member was very knowledgeable and was able to describe how she viewed the patients concern from their perspective. They listened, acknowledged and responded to the patient's concern and apologised to the patient.• If the patient remained dissatisfied the deputy practice manager was available to discuss the patients concerns in more detail. These issues were logged as verbal complaints and investigated in a more formal way. Logs of the outcomes of these were available and this included the actions undertaken by the practice to prevent reoccurrence. Ten of twelve complaints numbered above were verbal complaints.• Written complaints were also responded too appropriately. The practice had received two complaints via NHS England (NHS E). Their comprehensive written responses following their investigation of these to NHS England were supported by correspondence from NHS E to the patient with the outcome of these complaints. Both complaint responses offered the complainants an apology and provided details of the Parliamentary Health Service Ombudsman (PHSO) should the complainants wish to pursue their complaints further.• All complaints were reviewed at the weekly clinical meeting and the practice meeting as appropriate. Learning from these were shared and meeting minutes were available to the whole staff team.		

Example(s) of learning from complaints.

Complaint	Specific action taken
Verbal complaints in the last year had in the main focused on the telephone access.	Ongoing work with the CCG and MLCSU to improve the quality and availability of the telephone lines into and out of the practice had been taking place.
One written complaint referred to concerns that the care and treatment provided was inadequate.	Following a full investigation, the complaint was not upheld, however the practice was advised to ensure the side effects of antibiotics are discussed with patients.

Well-led

Rating: Good

At our inspection in September 2019 we identified gaps in the quality and safety of the service being provided. This inspection identified improvements in all those areas. Systems and risk management were well established and effective. The practice is rated as good for providing well-led services.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The GP partnership was supported by a management team including a practice manager, a deputy practice manager, a reception and administration team and clinical support from a practice nurse, an advanced nurse practitioner and two clinical pharmacists.Staff we spoke with confirmed that practice leaders were accessible and supportive. Feedback from staff indicated the practice manager and deputy manager had a positive impact at the surgery.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">Practice leaders were clear on their priorities. The mission statement for their service stated: "To provide patients with high quality, easy and convenient access to a GP or nurse when they need it".	

- The practice team continued undertaking quality improvement work and all feedback from patients, staff and stakeholder feedback, complaints and significant events were used to inform quality improvement and service development.
- The practice team told us they believed they worked well together despite the additional challenges of the COVID- 19 pandemic. Staff told us that the safety of patients and colleagues were prioritised.
- The practice team fostered and valued relationships with external stakeholders including the clinical commissioning group (CCG), the local safeguarding team, the primary care network (PCN) and the children’s surveillance team.

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice’s speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice team fostered a culture of continuous improvement for their patients. Implemented systems to monitor performance and to review achievements were established and effective. • All staff spoken with told us the culture was inclusive and they felt part of the team. • Staff were enthusiastic and eager to discuss their role and responsibilities and they told us they felt supported to undertake training and development opportunities. • The practice team maintained a log of compliments received from patients and other stakeholders. 	

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

Source	Feedback
Meeting minutes	Showed a range of issues were discussed including safeguarding, significant events, patient's safety alerts and complaints.
Staff	Staff spoke positively about working at the practice and they confirmed they felt able to raise issues and concerns and would be supported in doing so. Staff told us they felt safe and were supported with Covid-19 related issues. They told us their health and wellbeing was monitored by the practice management team.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • A systems to monitor clinical performance had been successfully established. • Comprehensive and up to date policies and procedures were available and accessible to all staff. • Records of staff training were available and evidence that staff, including the practice nurse had had an appraisal and discussion about personal development plans were also available. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y

When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>This inspection identified improvements in all the areas we identified at our inspection in September 2019. For example:</p> <ul style="list-style-type: none"> • Systems to follow up patients, who did not attend appointments including those with a child protection plan were effectively monitored. • The practice clinical record system was managed by a dedicated workflow team who managed all patient information with managerial oversight. • Systems to monitor and respond to test results, including cytology reports were implemented effectively. • Systems to monitor clinical decision making and prescribing by non-medical prescribers was in place. • Systems to respond to patient safety alerts were comprehensive and effective. 	

The practice had systems in place to continue to deliver services, respond to risk and meet patients’ needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Systems to establish a programme of regular review of information and performance was in place and effectively implemented. The practice manager introduced an element of friendly competition between teams which was proving to be effective and enjoyable. 	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
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
Patients were informed and consent obtained if interactions were recorded.	Y
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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y

Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice manager actively canvassed patients for feedback and used this and complaints to inform the quality improvement strategy. • A small patient participation group (PPG) was established, and a Microsoft Teams meeting had been undertaken during lockdown. However, the technology was not good enough for all the participants to effectively be involved. • Staff confirmed they felt part of the team and were involved in the improvements at the practice. There was a staff suggestion box for those staff who felt uncomfortable speaking directly to the management team. 	

Feedback from Patient Participation Group.

Feedback
We spoke with one member of the patient participation group (PPG) who confirmed the recent PPG Team meeting and that due to technology this was not very successful. They confirmed they could share their views and concerns, and these were listened to.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice team was wholly focused on improving and developing their service. • The practice team continues to seek ways to improve telephone access for patients and to improve patient feedback. • There was good awareness of the unique population challenges and staff were attempting to support their patients safely and in accordance with best practice guidance and legislation. 	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- %_o = per thousand.