

# Care Quality Commission

## Inspection Evidence Table

### Dr K Anantha-Reddy's Practice (1-559610416)

Inspection date: 4 December 2018

Date of data download: 17 December 2018

## Overall rating: Good

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

## Safe

## Rating: Good

At the last inspection in January 2018 we rated the practice as requires improvement for providing safe services because:

- Prescription stationery was not stored securely and there was no system to monitor its use.
- There was no system to review uncollected repeat prescriptions, particularly for vulnerable patients and those with complex health needs.
- Staff were unclear on which of the three methods to use when recording significant events, and completed significant event forms lacked detail of the lessons learned and follow-up of the event.

At this inspection, we found that the provider had satisfactorily addressed these areas.

### 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes

<b>Safeguarding</b>	<b>Y/N/Partial</b>
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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• A GP partner was the safeguarding lead and the practice nurse was the deputy lead.</li> <li>• Staff told us that health visitors were invited to multidisciplinary team meetings, however they did not attend. The practice could contact the health visiting team if there were safeguarding concerns and the practice nurse provided an example of this.</li> </ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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 and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: February 2018	Yes
There was a record of equipment calibration. Date of last calibration: March 2018	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: November 2018	Yes
There was a log of fire drills. Date of last drill: November 2018	Yes
There was a record of fire alarm checks. Date of last check: November 2018	Yes (smoke alarms)
There was a record of fire training for staff.	Yes

Date of last training: 2018	
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: May 2018	Yes
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Some recommendations from the fire risk assessment had been completed such as purchasing new fire safety equipment, carrying out regular fire safety checks and fixed wire testing, and removing internal hazards. Some maintenance actions remained outstanding, such as wall-mounting the fire extinguishers and installing a fire alarm system. The practice was in discussions with the landlord regarding implementing the outstanding work.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: November 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: November 2018	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Annual alarm system service July 2018</li> <li>Staff were able to give an example of sharing information of suspected notifiable infectious diseases with other agencies.</li> </ul>	

## Infection prevention and control

**Improvements had been made to the standards of cleanliness and hygiene, however there were still areas that needed improving.**

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: June 2018 (external auditors)	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The lead for infection prevention and control was now a GP partner.</li> <li>The practice had received an infection prevention and control visit from NHS England in June 2018. The audit revealed areas for remedial action and a re-audit was due to take place in early 2019.</li> <li>The practice had acted to improve some areas. For example, changing sinks in clinical rooms,</li> </ul>	

removing clutter from under examination couches, and purchasing a new cupboard for the storage of medical supplies. However, other areas remained outstanding including damage to the covering of seating in the waiting room and hot water not being thermostatically controlled.

- Practice leaders told us they had implemented some of the recommendations from the audit, however other actions had been put on hold as there were plans for the practice to relocate to new premises within the next 18 months. The practice had stopped providing minor surgery due to premises-related concerns contributing to poor infection prevention and control processes.

## 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.	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
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	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
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

## 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.	Yes
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
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>There was a system in place to ensure all test results were reviewed and acted on promptly. This included when staff were absent.</li> <li>The referrals we reviewed, including urgent referrals, contained relevant information.</li> </ul>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.02	0.87	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	10.6%	9.9%	8.7%	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.	Yes
Staff had the appropriate authorisations in place 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

Medicines management	Y/N/Partial
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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
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.	Yes
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
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols in place 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
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems were in place 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>There was a system in place to monitor stock levels and expiry dates of emergency medicines. However, the practice did not stock an intramuscular injection used for pain relief and we did not see evidence of an appropriate risk assessment to identify why this medicine was not suitable for the practice to stock. Following our inspection the practice sent us evidence that they had purchased this emergency medicine.</li> <li>Since our last inspection, the practice had implemented processes to ensure prescription stationery was monitored and stored securely overnight. There was also a system to ensure uncollected prescriptions were reviewed every two weeks and escalated to a clinician where necessary. Reception staff we spoke with could describe the system in place.</li> </ul>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	N/A
The practice had clear Standard Operating Procedures which covered all aspects of the	N/A

dispensing process, were regularly reviewed, and a system was in place to monitor staff compliance.	
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	N/A
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	N/A
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	N/A
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	N/A
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	N/A
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N/A
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	N/A
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	N/A
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	N/A

## 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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
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:	13
Number of events that required action:	12
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Since our last inspection, the practice had adopted one system for recording significant events. A member of staff had been appointed as the lead and was responsible for speaking with staff involved and ensuring the template was completed correctly. The template contained an analysis of the event, action plan, follow-up, and key learning points. Staff we spoke with understood the new system.</li> </ul>	

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

Event	Specific action taken
GP locum booked when consultation room not immediately available for half an hour	Apologies provided to locum and patients affected by the waiting time. Staff reminded that all future locums to be booked after cross-checking room availability.
Patient had fallen outside the surgery	Family member notified staff of incident. GP notified. Ambulance called promptly. GP examined the patient and cleaned the wound. Paramedics attended to patient. Clinicians reminded to attend all incidents within the vicinity of the practice and provide first aid as appropriate.
Chest x-ray report filed in wrong patients notes	Error identified by GP. Further training provided to staff concerned.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes



## Effective

## Rating: Requires improvement

At the last inspection in January 2018 we rated the practice as good for providing effective services. At this inspection in December 2018 we rated the practice as requires improvement for providing effective services overall. We rated all the population groups as good except for the families, children and young people group and the working age group which we rated as requires improvement. Childhood immunisations uptake rates remained below the 90% target and although exception reporting for cervical screening had reduced marginally, it remained above local and national averages.

### 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place 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

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) (01/10/2017 to 30/09/2018) (NHSBSA)	1.13	0.60	0.81	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and</li> </ul>

communication needs.

- Patients over the 65 years could be referred to the local care co-ordination team who supported patients to self-care in their own home with the aim of avoiding hospital admissions and reducing hospital outpatient follow-ups. The care co-ordinator carried out an initial assessment at the practice with the GPs input. The assessment included information on the patient's needs, illnesses, social history, risks and wishes in relation to healthcare. A copy of this was provided to patients. Clinical staff met with the care co-ordination team every fortnight to refer or discuss relevant patients.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice 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 could be referred for ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	70.3%	78.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	7.0% (25)	9.3%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	83.0%	80.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.6% (20)	8.4%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	67.0%	77.2%	80.1%	Variation (negative)
Exception rate (number of exceptions).	7.9% (28)	10.0%	13.5%	N/A
<b>Any additional evidence or comments</b>				
<ul style="list-style-type: none"> <li>The practice was aware that their diabetes QOF indicators had been below national and CCG averages. They carried out a completed audit to review the management of patients with diabetes. Actions implemented to improve care included offering dedicated diabetes appointments every week, encouraging patients to self-manage their condition, spending more time educating patients on lifestyle, complications of diabetes and medical management, and displaying a poster to alert patients of the importance of diabetes care. The audit showed improvements in the diabetes quality of care indicators from 78% in 2016/17 to 86% in 2018.</li> </ul>				

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	85.4%	77.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.4% (1)	2.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.6%	92.9%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.5% (2)	8.7%	11.5%	N/A
<b>Any additional evidence or comments</b>				
<ul style="list-style-type: none"> <li>The practice carried out an audit to improve the diagnosis of patients with asthma. The initial audit showed a practice prevalence of 4.4%. Following the audit, a further 47 patients were added to the asthma register, increasing the practice prevalence of asthma to 5.4%. The practice was aware that prevalence was below the national average of 7.5% and planned to continue auditing this area to improve screening of these patients.</li> </ul>				

Indicator	Practice	CCG average	England average	England comparison
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The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	84.1%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.7% (19)	3.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	97.1%	90.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	18.6% (8)	9.5%	6.7%	N/A

## Families, children and young people improvement

Population group rating: Requires

### Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets.
- 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.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice was part of a community pilot project where children were referred to a community paediatric service and seen by paediatrician within a couple of weeks at one of the local practices in the network.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	64	71	90.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	62	81	76.5%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have	62	81	76.5%	Below 80%

received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)				(Significant variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	58	81	71.6%	Below 80% (Significant variation negative)

### Any additional evidence or comments

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Whilst uptake rates for childhood immunisations had improved since 2015/16, uptake rates for three out of four vaccines given to children under two years remained below the target percentage of 90% in 2017/18.
- The practice was aware their uptake rates for childhood immunisations were below the target rate and had been working to improve uptake rates by offering nursing appointments out of school hours and identifying gaps in immunisation history for newly registered children. Hard to reach patients were referred to a community team who could assist with vaccinations.

## Working age people (including those recently retired and students) improvement

Population group rating: Requires

### Findings

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	59.8%	66.7%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.6%	69.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last	42.6%	48.6%	54.6%	N/A

30 months (2.5 year coverage, %)(PHE)				
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. (PHE)	87.5%	77.5%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	50.0%	49.7%	51.9%	No statistical variation

#### Any additional evidence or comments

- Since our last inspection, the practice had implemented a system to ensure results were received for all samples sent for the cervical screening programme and the practice monitored sample takers inadequate rates.
- The practice's uptake for cervical screening was 60%, which was below the 80% coverage target for the national screening programme. The practice had identified cervical screening uptake as an area for ongoing development. We were told that historic exception reporting had contributed to poor performance in this area. For example, a smear test was done but the patient had been coded as not having it done and excepted. To address these inaccuracies staff searched the clinical system for patients with a specific exception code (619 patients identified) and reviewed their notes to ensure they had been exception reported appropriately. If the patient had not responded, the code was removed and the patient was invited for screening. The practice was continually reviewing their processes to engage patients and improve uptake. For example, improving access to a female sample taker and offering appointments outside of working hours.
- The practice's uptake for breast cancer screening was comparable to the national average.
- The practice's uptake for bowel cancer screening was below the national average.
- Staff had received educational support on cervical, breast and bowel cancer screening from a cancer charity. The practice was also working with the charity to offer an open day where patients could attend educational talks, speak with clinicians and receive a smear test the same day. The open day was planned for a Saturday in early 2019 to maximise patient attendance.

#### People whose circumstances make them vulnerable

**Population group rating: Good**

#### Findings

- 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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

#### People experiencing poor mental health



(including people with dementia)

Population group rating: Good

## Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- 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.
- Staff had received dementia training in the last 12 months.
- Residents from six local care homes were registered patients at the practice and attended mental health reviews, physical health checks and regular medicine reviews.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.1%	92.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.1%	91.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.5%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.9%	82.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	4.6%	6.6%	N/A

## 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. However, improvements were needed in relation to clinical coding.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	545.1	-	537.5
Overall QOF exception reporting (all domains)	7.2%	5.5%	5.8%
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• We identified shortfalls in relation to coding and exception reporting. Specifically, historical coding by numerous staff had contributed to inaccurate information being entered on the clinical system. There was also no unified coding structure to assist clinical staff with coding.</li> <li>• The practice was aware of this and had started to review the coding for cervical screening. Although exception reporting for cervical screening had marginally reduced from 30% in 2016/17 to 27% in 2017/18, it remained above the CCG and national average of 7%. Leaders told us they expected this rate to decrease further as the published data did not take into account the work carried out by the practice after April 2018.</li> <li>• Improvements were needed for coding chronic diseases including atrial fibrillation and osteoarthritis.</li> <li>• The practice told us that once the super-partnership merger with four local practices had been finalised, there would be a system in place to review and audit coding. In the interim one of the GP partners was responsible for reviewing all coding.</li> </ul>			

	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

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

<ul style="list-style-type: none"> <li>• Clinical audits had been undertaken to reduce antibiotic prescribing, identify patients with asthma, and improve the management of patients with diabetes.</li> <li>• These activities had resulted in changes to screening, medicines and clinical management of patients, in line with guidance.</li> </ul>
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## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	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. This 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>There were no health care assistants currently employed.</li> </ul>	

### Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
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.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Monthly multidisciplinary team meetings were held with the district nurses and palliative care nurse.</li> <li>The practice met with the local care co-ordination team, which consisted of a guided care matron and care co-ordinator, every two weeks.</li> <li>Referrals to other services could not be accessed via the practice website. The website stated that referrals would be completed and sent within one week and urgent referrals within 24 hours.</li> </ul>	

### 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
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Patients could be referred to health workshops organised by the local CCG. Clinical workshops included education sessions for patients with diabetes, COPD and childhood asthma. Some of the workshops were aimed at patients who did not have English as a first language and the practice manager told us this was particularly beneficial to the practice population.</li> </ul>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.4%	96.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (4)	0.8%	0.8%	N/A

### Consent to care and treatment

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

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

## Caring

**Rating: Good**

At the last inspection in January 2018 we rated the practice as requires improvement for providing caring services because:

- Data from the national GP patient survey 2017 showed patients rated the practice below local and national averages for satisfaction with GP consultations.
- Privacy was not always maintained as some consultations between the treatment room and a consultation room could be overheard.

At this inspection, we found that the provider had improved these areas.

### 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
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	45
Number of CQC comments received which were positive about the service.	29
Number of comments cards received which were mixed about the service.	16
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	<ul style="list-style-type: none"><li>• The comment cards received were largely positive. Patients said they felt all staff were caring, polite and helpful. They described examples where they were listened to and treated with respect, dignity and kindness.</li><li>• 16 comment cards provided mixed feedback, with the negative elements mainly relating to delays getting an appointment.</li></ul>
Patient interviews	<ul style="list-style-type: none"><li>• The three patients we spoke with told us the GPs worked with and supported them to achieve the best outcome.</li></ul>

### National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5075	411	91	22.1%	1.79%

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 (01/01/2018 to 31/03/2018)	77.9%	83.0%	89.0%	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 (01/01/2018 to 31/03/2018)	79.2%	81.1%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	88.6%	92.9%	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 (01/01/2018 to 31/03/2018)	73.7%	77.5%	83.8%	No statistical variation

#### Any additional evidence or comments

- Feedback from the 45 comment cards and three patients we spoke with was positive about consultations and interactions with clinical staff.

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

#### Any additional evidence

- The practice carried out an annual survey every December. The survey from December 2017 received 23 responses, the results had been reviewed and an action plan created to address areas of low performance.

#### 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

Source	Feedback
Comment cards and interviews with patients	Patients were positive about the involvement they had in their care and treatment. They said the GPs explained their condition and treatment and they were involved in decisions about their treatment.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	76.3%	90.8%	93.5%	Variation (negative)

Any additional evidence or comments
<ul style="list-style-type: none"> <li>Results from the national GP patient survey showed respondents did not feel involved in decisions about their care and treatment. This did not reflect feedback from patients we spoke with or the comment cards we received. The practice told us they would review this feedback as part of their ongoing monitoring of patient feedback.</li> </ul>

	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.	Partial
Information about support groups was available on the practice website.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Information leaflets in other languages and in easy read format were available on request. Some clinical and administrative staff could speak languages relevant to the patient population and we were told this was beneficial in assisting patients with queries and during consultations.</li> <li>Information about support groups was available in the practice.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> <li>51 carers identified (1% of the practice population)</li> </ul>
How the practice supported carers.	<ul style="list-style-type: none"> <li>Carers were supported and offered health checks, influenza vaccinations, priority appointments, and referral to support agencies.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>The patient's regular GP would contact the relatives or send a condolence letter which included offering the patient an appointment if they required further support.</li> <li>Staff signposted patients to support services.</li> </ul>

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Since our last inspection, the practice had replaced the internal door between the treatment room and a consultation room and added an extra seal around the door. This helped maintain privacy and prevented conversations being overhead between the two rooms.</li> </ul>	

# Responsive

Rating: Good

## Responding to and meeting people's needs

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

	Y/N/Partial
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.	Partial
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The premises were dated and some areas needed refurbishment as identified in the infection prevention and control audit. The practice had stopped minor surgery and phlebotomy services as a result of this. Leaders told us that the practice would be moving to new premises within the next 18 months, and this was why not all recommendations from the infection control audit had been implemented.</li> <li>The practice had a wheelchair that patients could utilise when accessing the service. The wheelchair had also been used in emergencies when patients had been taken ill at the practice.</li> <li>Since our last inspection, the practice had purchased a hearing loop to assist patients with hearing aids.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:30 – 18:30
Tuesday	08:30 – 20:30
Wednesday	08:30 – 18:30
Thursday	08:30 – 18:30
Friday	08:30 – 18:30
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Extended hours appointments were available at the practice on Tuesday evenings with a GP from 18:30 to 20:30 and with a nurse from 18:30 to 19:00.</li> <li>Patients could also be booked an evening or weekend appointment with a GP or nurse at one of the local hub services.</li> </ul>	

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5075	411	91	22.1%	1.79%

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 (01/01/2018 to 31/03/2018)	87.8%	91.7%	94.8%	No statistical variation

## Older people

Population group rating: Good

### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- There was a medicines delivery service organised by the pharmacy for housebound patients.

## People with long-term conditions

Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## Families, children and young people

Population group rating: Good

### Findings

- Additional nurse appointments were available until 7pm on a Tuesday evening 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, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. There were six dedicated emergency slots for children under five.

## Working age people (including those recently retired and students)



## Population group rating: Good

### Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8.30pm on Tuesday evening.
- Pre-bookable appointments were also available on weekday evenings from 6.30pm to 8pm and at the weekend from 8am to 8pm to all patients at additional locations within the area.

## People whose circumstances make them vulnerable

### Population group rating: Good

### Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

### Population group rating: Good

### Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

## Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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 absolutely 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 (01/01/2018 to 31/03/2018)	84.4%	67.4%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	63.1%	63.2%	68.6%	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 (01/01/2018 to 31/03/2018)	65.2%	59.9%	65.9%	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 (01/01/2018 to 31/03/2018)	73.6%	68.4%	74.4%	No statistical variation

Source	Feedback
CQC comment cards	Sixteen out of 45 comment cards raised some difficulties accessing the service. For example, long wait to get an appointment (11 comments) and access to a female GP (2 comments).
Patient interviews	Patients we spoke with told us they were satisfied with telephone access and getting an appointment when they needed one.

Any additional evidence or comments	
<ul style="list-style-type: none"> <li>The practice was aware that some patients experienced difficulties accessing the service as this had been highlighted in the practice survey (December 2017) and the national GP patient survey (2017). The practice reviewed the areas of low satisfaction and created a 'you said we did' poster for the waiting room so patients were aware of the changes implemented by the practice in response to patient feedback. For example:</li> </ul>	
Patients feedback	Action taken
<ul style="list-style-type: none"> <li>Difficultly getting an appointment with a GP</li> </ul>	<ul style="list-style-type: none"> <li>Introduced telephone consultations and have trained staff to signpost patients to GP telephone consultation where appropriate.</li> <li>A query form was created to take</li> </ul>

		urgent and non-urgent queries from patients and the doctor on call would call the patient back at any time of the day if needed.	
	<ul style="list-style-type: none"> <li>Requested text messaging to remind patients of their appointment</li> </ul>	<ul style="list-style-type: none"> <li>Activated text messaging service on computer system to confirm booked appointments.</li> <li>Also introduced messaging service which allowed individual text messages to be sent to designated patient, and then saved on the computer system.</li> </ul>	
<ul style="list-style-type: none"> <li>The practice had not been able to recruit a salaried female GP, and currently had a long-term female locum who carried out a weekly session. The practice had plans to merge resources with a local network of practices where patients would have better access to a female GP.</li> <li>The practice had two consultation rooms and this limited the amount of GP sessions they could offer, as two GPs worked in the morning and afternoon. The practice hoped to increase the number of GP appointments once they had moved to larger premises.</li> </ul>			

## Listening and learning from concerns and complaints

### Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	3
Number of complaints we examined.	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.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

### Example of learning from complaints.

Complaint	Specific action taken
Locum doctor answered personal call during consultation	Patient was issued an apology and the matter was discussed with the GP concerned. Other staff notified at the practice meeting to learn from this incident and review practice policies.

### Explanation of any answers and additional evidence:

- Since our last inspection, the practice had updated their complaints response to include further

information on how to pursue the complaint if the complainant was not satisfied with the practice's response.

## Well-led

## Rating: Good

At the last inspection in January 2018 we rated the practice as requires improvement for providing well-led services because:

- There were weaknesses in governance systems relating to significant events, uncollected repeat prescriptions, prescription stationery security, and the quality of urgent referral letters.
- Exception reporting for cervical screening was high.

At this inspection, we found that the provider had improved most of these areas.

### 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 in place, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Leaders were aware of the areas for improvement and challenges facing the practice.</li><li>• The junior partner had taken on a significant proportion of the clinical management. The plan was for this workload to be shared with other doctors following the formation of the super-partnership.</li></ul>	

### 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 in place 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: <ul style="list-style-type: none"><li>• There were plans for the practice to merge with four other practices in the local area to form a super-partnership. This would consist of a single governance structure with patients being able to access all the different practice sites if preferred. Clinical work would be shared amongst all the doctors and there would be cross utilisation of staff when cover was needed at another practice.</li></ul>	

The super partnership was to be formalised by April 2019.

- The practice had secured a new location to move to. Building work had started on the new purpose-built premises and the plan was for the practice to move to the new location within 18 months.

## 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
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> <li>• Staff described a positive learning environment where they were encouraged to complete training and professional development.</li> <li>• Staff described practice culture as being open, supportive and respectful of one another.</li> </ul>

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability.

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Staff were clear about their responsibilities and those of their colleagues. There were systems in place for staff to carry out administrative duties when other colleagues were on leave.</li> <li>• Since our last inspection, the practice ensured the nurse attended clinical meetings.</li> </ul>	

## 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 in place which were regularly reviewed and improved.	Yes
There were processes in place 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.	Yes
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: <ul style="list-style-type: none"> <li>Since our last inspection, the practice had updated and completed their business continuity plan.</li> </ul>	

## Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making. However, information was not always accurate.**

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We identified shortfalls in relation to coding and exception reporting. Specifically, historical coding had contributed to inaccurate information on the clinical system. We also noted there was no unified coding structure to assist clinical staff when coding. The practice had taken action to improve coding for cervical screening. However, improvements were needed for coding of chronic diseases.</li> </ul>	

## 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

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

Feedback from Patient Participation Group.

Feedback	
<ul style="list-style-type: none"> <li>We spoke with a member of the group who told us the practice were proactive in seeking the views of patients and listened to their concerns.</li> </ul>	

## 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

Examples of continuous learning and improvement
<ul style="list-style-type: none"> <li>Since our last inspection the practice manager had successfully completed a course in practice management.</li> <li>The practice manager and GP partners had attended a course on the EU General Data Protection Regulation (GDPR) 2018 and shared the learning of this with all practice staff.</li> </ul>

### 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null



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.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

**Glossary of terms used in the data.**

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.