

Care Quality Commission

Inspection Evidence Table

Newcastle Medical Centre (1-3017488527)

Inspection date: 25 February 2019

Date of data download: 06 February 2019

Overall rating: Inadequate

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

Safe

Rating: Requires Improvement

We inspected this practice on 20 March 2018, and we rated the practice as good for providing safe services.

At this inspection we rated the practice as requiring improvement for providing safe services because:

- There was an increase to the potential risk of harm for patients as there was limited assurance about safety. The provider could not assure us of effective systems for monitoring of clinical test results, management of changes to a patients' medicine received from other services and communication of patient safety and medicine alerts.

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
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes

Safeguarding	Y/N/Partial
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
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: NA	

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

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: 19 December 2018	Yes
There was a record of equipment calibration. Date of last calibration: 19 November 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 3 July 2018	Yes
There was a log of fire drills. Date of last drill: 17 December 2018	Yes
There was a record of fire alarm checks. Date of last check: 15 February 2019	Yes
There was a record of fire training for staff. Date of last training: All staff had received training in the last 12 Months. The two fire marshals had received training in either January 2018 or February 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 4 January 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: NA	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 18/12/2017	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 18/12/2017	Yes *
Explanation of any answers and additional evidence: The practice also reviewed the arrangements for health and safety on a monthly basis.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: January 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: NA	

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 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
<p>Explanation of any answers and additional evidence:</p> <p>In March 2018 we told the practice to take steps to maintain and establish an adequate and sustainable level of clinical staffing. In February 2019, we found the practice had addressed this by recruiting 5 salaried GPs which supported a stable clinical workforce and improved continuity of care. They had also recruited a practice pharmacist to increase the clinical capacity. However, at the time of the inspection the practice was experiencing difficulties with the clinical resources in the nursing team. Due to staff absence the practice was unable to provide the nurse triage service on the day of the inspection and this also impacted on monitoring of patients with long term conditions. The practice</p>	

was in the process of recruiting an additional two nurses to address this.

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.	Partial *
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>* The provider was unaware that test results were not being managed in line with protocols and there were ineffective safeguards in place to ensure all test results received into the practice were clinically reviewed in a timely way. We found evidence where test results assigned to the provider had not been reviewed. Although we did not identify any actual harm, this indicated a potential risk to patients.</p>	

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) <small>(NHS Business Service Authority - NHSBSA)</small>	0.26	1.01	0.94	Significant Variation (positive)
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) <small>(NHSBSA)</small>	5.1%	7.8%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	6.58	4.89	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	0.49	2.37	2.22	Significant Variation (positive)

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 to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes ¹
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 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.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	NA
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.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes ²
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>¹Two GPs, including the provider, were not clear about the process for the management of changes to a patients' medicine received from other services. Following the inspection, the practice clarified the protocol for management of information about changes to a patient's medicines including changes made by other services.</p> <p>² There were resuscitation/anaphylaxis packs kept in consultation rooms where the contents were not clearly labelled. Staff we spoke with were unsure what these packs contained. However, there was evidence of appropriate arrangements to check stock levels and expiry dates of medical gases and other emergency medicines.</p>	

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 11 months:	15
Number of events that required action:	15
Explanation of any answers and additional evidence: The practice had identified 15 significant events since the last CQC inspection (the period April 2018 to February 2019 / 11 months). However, the pace of significant events identified had reduced over the last year. In the period October 2017 to March 2018 (five months) the practice had identified 23 significant events. There was evidence these were discussed at clinical meetings and that trends and themes were reviewed. The practice learnt and made improvements as a result of significant events.	

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

Event	Specific action taken
Suspected case of female genital mutilation.	The practice had taken appropriate action to safeguard the patient and identified learning that could be shared as a result of this case. The case was discussed at clinical meetings to share learning and highlight importance of identification.
Missing medicine	Replacement medicine ordered. Policy implemented on the safe storage of medicine within the practice. Access to medicines limited to identified staff.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Partial *
Explanation of any answers and additional evidence: The practice had processes in place to receive and act upon patient safety alerts. We found the practice had taken appropriate action in the sample of patient safety alerts we reviewed. However, we found the mechanisms for informing staff of patient safety alerts were not always effective. Two clinical staff we spoke with, including the provider, were unaware of what the process for managing patient safety alerts was within the practice. Following the inspection, the provider sent us minutes to demonstrate safety alerts were discussed in clinical meetings.	

Effective

Rating: Inadequate

We inspected this practice on 20 March 2018, and we rated the practice and the population groups of families, children and young people; working age people (including students and those recently retired); people with long term conditions and people experiencing poor mental health as requiring improvement for providing effective services. This was because attainment levels for some areas of clinical practice were lower than local and national averages and we were yet to be assured that the changes made would show sustainable levels of performance.

At this inspection we rated the practice as inadequate for providing effective services because:

- Attainment levels for some areas of clinical practice continued to be lower than local and national averages and we were not assured there were effective plans in place to achieve sustainable levels of improvements. There was a lack of clinical leadership to support consistent application of care planning, and adherence to current evidence-based practice guidance.

These inadequate areas impacted all population groups and so we have rated all population groups as inadequate.

Effective needs assessment, care and treatment

Patients' needs were not always assessed, and care and treatment was not always 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.	Partial ¹
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.	Partial ²
There were 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
Explanation of any answers and additional evidence: ¹ There were informal mechanisms for keeping clinicians up to date with evidence-based practice, and these mainly relied on self-update. There was inconsistent use and understanding of standardised care planning templates. There were registers in place for patients with long term conditions. However, we found instances where the provider had not used these to ensure the care needs of these patients were identified and met.	

² At the March 2018 inspection, we said the practice should continue to improve Quality Outcomes Framework (QOF) attainment. At this inspection we found, there was still below average performance across a number of indicators, which demonstrated patients with higher levels of need (including children, patients with long term conditions and poor mental health and those at higher risk of cancer) were not always getting their clinical needs met. The practice's systems to assess, monitor and improve the quality and safety of the service had not been effective at supporting the improvements needed in clinical attainment.

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) <small>(NHSBSA)</small>	0.35	0.62	0.81	Variation (positive)

Older people

Population group rating: inadequate

Findings

We rated the practice as inadequate for providing effective care for older people. (Previous rating December 2016 – inadequate; July 2017 – inadequate; March 2018 – good):

There was a lack of clinical leadership to support consistent application of care planning, and adherence to current evidence-based practice guidance These inadequate areas impacted all population groups and so we have rated all population groups as inadequate.

- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age. The practice provided us with unverified and unpublished data that showed as of 25 March 2018, 26 of the 57 patients within this age range had had been invited in for a health check. Of these 14 had received a health check (with the remaining 12 patients declining the invite).

Findings

We rated the practice as inadequate for providing effective care for people with long term conditions. (Previous rating December 2016 – inadequate; July 2017 – inadequate; March 2018 – requires improvement).

There was a lack of clinical leadership to support consistent application of care planning, and adherence to current evidence-based practice guidance. These inadequate areas impacted all population groups and so we have rated all population groups as inadequate.

- Some 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. However, we found this was inconsistent and not all patients with long term conditions were encouraged to take up health checks. The practice did not give us a satisfactory explanation which demonstrated they were taking sufficient action to improve uptake. The practice told us they had an atypical population group, with mostly young patients. However, they did not demonstrate they had analysed the performance of the practice against others with similar demographics to identify and support them to make improvements.
- There were three indicators from QOF 2017/18 that showed statistically negative variations for patients with long term conditions. These indicators all also showed variable performance over the last two years. 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 was:
 - 58.8% in 2016/17 and
 - 52.2% in 2017/18.
 - Unverified and unpublished data provided by the practice for 2018/19 showed they had achieved 59% so far with one month of the performance year left.
 - Following review of the draft inspection report and evidence table, the practice was able to provide unverified and unpublished data to show the position as at the end of March 2019. This showed the practice had achieved 69% for this indicator to year end.
- 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 Royal College of Physicians (RCP) questions was:
 - 85.2% in 2016/17 and
 - 48.1% in 2017/18.
 - Unverified and unpublished data provided by the practice for 2018/19 showed they had achieved 50% so far with one month of the performance year left.
 - Following review of the draft inspection report and evidence table, the practice was able to provide unverified and unpublished data to show the position as at the end of March 2019. This showed the practice had achieved 70% for this indicator to year end.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was:
 - 58.1% in 2016/17 and
 - 70.4% in 2017/18.
 - Unverified and unpublished data provided by the practice for 2018/19 showed they had achieved 73% so far with one month of the performance year left.
 - Following review of the draft inspection report and evidence table, the practice was able to provide

unverified and unpublished data to show the position as at the end of March 2019. This showed the practice had achieved 89% for this indicator to year end.

- 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 were offered 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) <small>(QOF)</small>	62.3%	79.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	17.9% (15)	14.7%	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) <small>(QOF)</small>	52.2%	77.7%	77.7%	Variation (negative)
Exception rate (number of exceptions).	20.2% (17)	11.5%	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) <small>(QOF)</small>	74.6%	82.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	20.2% (17)	12.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	48.1%	75.4%	76.0%	Significant Variation (negative)
Exception rate (number of exceptions).	4.2% (7)	9.2%	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) <small>(QOF)</small>	75.0%	89.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	7.7% (1)	11.0%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	70.4%	84.2%	82.6%	Variation (negative)
Exception rate (number of exceptions).	17.9% (25)	4.5%	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)	100.0%	91.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	28.6% (2)	7.9%	6.7%	N/A

Any additional evidence or comments

NA

Families, children and young people

Population group rating: Inadequate

Findings

We rated the practice as inadequate for providing effective care for Families, children and young people. (Previous rating December 2016 – inadequate; July 2017 – inadequate; March 2018 – requires improvement).

There was a lack of clinical leadership to support consistent application of care planning, and adherence to current evidence-based practice guidance. These inadequate areas impacted all population groups and so we have rated all population groups as inadequate.

Childhood immunisation uptake rates were all below the World Health Organisation (WHO) targets and the England target of 90%. The practice informed us after they received a draft copy of the inspection report and evidence table that they had put in place arrangements to improve the recall of children due to immunisations. This included sending out the invites directly; allocating the practice nurse dedicated time on a weekly basis to follow up non-attenders; and, encouraging parents and guardians attending the first appointment at eight weeks to book subsequent appointments for the twelve and 16-weeks vaccination appointments to encourage uptake. The practice told us they had identified barriers to increasing uptake due to the transient nature of the practice population, of which many attend the local universities. However, the practice did not demonstrate they had analysed the performance of the practice against others with similar demographics to identify and support them to make improvements.

- 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.

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)	30	35	85.7%	Below 90% minimum (variation negative)
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)	23	35	65.7%	Below 80% (Significant variation negative)
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) (01/04/2017 to 31/03/2018) (NHS England)	25	35	71.4%	Below 80% (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)	23	35	65.7%	Below 80% (Significant variation negative)

Any additional evidence or comments

NA

Working age people (including those recently retired and students)

Population group rating: Inadequate

Findings

We rated the practice as inadequate for providing effective care for working age people (including those recently retired and students). (Previous rating December 2016 – inadequate; July 2017 – inadequate; March 2018 – requires improvement).

There was a lack of clinical leadership to support consistent application of care planning, and adherence to current evidence-based practice guidance. These inadequate areas impacted all population groups and so we have rated all population groups as inadequate.

- In March 2018, we also said the practice should continue to take steps to increase uptake of cervical screening. The latest data we hold related to 2017/18 and showed uptake for cervical cancer screening was very low at 22.7%. Uptake of the other cancer screening initiatives for bowel and breast cancer screening were also below the England average. The practice had taken some steps to improve the uptake of cervical screening. This included making screening appointments available on Saturdays; meeting with the specialist community sexual health team

to share best practice and publicising the screening initiative on social media and in the practice newsletter. They had also started to engage with the local Health and Race Education Forum (HAREF) to support improvements in engagement with local communities.

- 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. These health checks are offered to patients every five years. Unverified and unpublished data provided by the practice showed they had carried out 98 NHS health checks from 1 April 2018 to 25 February 2019.
- 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) (01/04/2017 to 31/03/2018) <small>(Public Health England)</small>	22.7%	70.4%	71.7%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) <small>(PHE)</small>	67.6%	73.4%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) <small>(PHE)</small>	47.9%	57.9%	54.6%	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. (01/04/2017 to 31/03/2018) <small>(PHE)</small>	40.0%	70.4%	70.2%	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) <small>(PHE)</small>	14.3%	48.7%	51.9%	No statistical variation

Any additional evidence or comments

NA

People whose circumstances make them vulnerable

Population group rating: Inadequate

Findings

We rated the practice as inadequate for providing effective care for people whose circumstances make them vulnerable. (Previous rating December 2016 – inadequate; July 2017 – inadequate; March 2018 – good).

There was a lack of clinical leadership to support consistent application of care planning, and adherence to current evidence-based practice guidance These inadequate areas impacted all population groups and so we have rated all population groups as inadequate.

- 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 homeless people, travellers and 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.
- The practice reviewed young patients at local residential homes.

People experiencing poor mental health (including people with dementia)

Population group rating: Inadequate

Findings

We rated the practice inadequate for providing effective care for people experiencing poor mental health (including people with dementia). (Previous rating December 2016 – inadequate; July 2017 – inadequate; March 2018 – requires improvement).

There was a lack of clinical leadership to support consistent application of care planning, and adherence to current evidence-based practice guidance These inadequate areas impacted all population groups and so we have rated all population groups as inadequate.

- 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. However, the practice had lower than average performance on some of the outcomes from health checks.
- There was one indicator from QOF 2017/18 that showed statistically negative variations for people experiencing poor mental health. Over the last two years 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 was.
 - 90.3% in 2016/17 and
 - 57.6% in 2017/18.
 - Unverified and unpublished data provided by the practice for 2018/19 showed they had

achieved 33% so far with one month of the performance year left.

- Following review of the draft inspection report and evidence table, the practice was able to provide unverified and unpublished data to show the position as at the end of March 2019. This showed the practice had achieved 75% for this indicator to year end.

- The practice told us they had an atypical population group, with mostly young patients. However, they did not demonstrate they had analysed the performance of the practice against others with similar demographics to identify and support them to make improvements.
- 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.

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)	57.6%	91.0%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	28.3% (13)	12.3%	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)	79.5%	90.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	15.2% (7)	9.7%	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)	100.0%	83.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	50.0% (1)	6.6%	6.6%	N/A

Any additional evidence or comments

NA

Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	395.3	541.8	537.5
Overall QOF exception reporting (all domains)	6.3%	6.4%	5.8%

	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.	No

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

- A clinical audit was carried out to improve the triage service offered to patients by the nurse practitioners. Both the first and second cycle of the audits identified improvement activities, such as additional training and structuring of appointment schedules. A further cycle of the audit was planned but had not been carried out.

Any additional evidence or comments

There was no clinical audit strategy in place. There was only one clinical audit carried out over the last year, which had a focus on improving the service offered to patients by the nurse practitioner as part of the triage service. There was no clinical audit or improvement activity within the last year, focused on improving health outcomes for patients.

Effective staffing

The practice was able to demonstrate 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.	Partial ¹
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial ²
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial ¹
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>¹ Although we found generally staff had the skills, knowledge and experience to deliver effective care, support and treatment, this was not the case for the provider. The provider demonstrated a lack of awareness of areas of clinical governance within the practice. This included being unable to describe the processes in place for managing significant events, patient safety alerts and care planning of patients with long term conditions. They were unable to provide examples of how the practice followed NICE guidelines relating to end of life care, prevention of cardio vascular disease, sepsis and antimicrobial prescribing, respiratory conditions or cancer.</p> <p>² The practice had employed several staff since the last CQC inspection, and as such they had been employed by the practice for less than a year. The practice management team told us they planned to schedule appraisals for all staff within a year of them starting employment at the practice.</p>	

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) <small>(QOF)</small>	No
We saw records that showed that all appropriate staff, including those in different teams	Yes

and organisations, were involved in assessing, planning and delivering care and treatment.	
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.	NA
<p>Explanation of any answers and additional evidence:</p> <p>The data we reviewed in the 2017/18 QOF stated the contractor did not hold regular multidisciplinary meetings to discuss palliative care. However, the practice provided us with minutes of meetings, which demonstrated within the last year (2018/19) these had been held regularly.</p>	

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.	No ¹
Explanation of any answers and additional evidence: NA ¹ The practice performance on recording of smoking cessation was significantly below local and national averages. Following the CQC inspection, the practice told us a healthcare assistant had completed training on smoking cessation and was now offering smoking cessation advice to patients.	

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) <small>(QOF)</small>	84.1%	95.7%	95.1%	Significant Variation (negative)
Exception rate (number of exceptions).	2.8% (11)	0.9%	0.8%	N/A

Any additional evidence or comments

NA

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
Explanation of any answers and additional evidence: NA	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: NA	

CQC comments cards	
Total comments cards received.	28
Number of CQC comments received which were positive about the service.	22
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comment cards	The general feedback from patients who completed the CQC comment cards was that the service offered was good and staff were helpful.
NHS choices	Reviews on the practice NHS Choices page were mixed. The practice had achieved two and a half stars from 25 reviews since April 2017. Within the last year, there was a mix of negative comments about appointment availability and continuity of care and positive comments about improved appointment systems and helpful staff.

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
16271	423	26	6.1%	0.16%

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)	84.9%	91.2%	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)	82.0%	89.8%	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)	100.0%	96.6%	95.6%	Significant Variation (positive)
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)	69.0%	86.9%	83.8%	No statistical variation

Any additional evidence or comments

NA

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

Any additional evidence
The practice carried out quarterly surveys to gather the views of patients. There was a different theme each quarter and two-year plan in place detailing what aspect was to be covered for each quarter. The practice provided us with the last two quarter results, which had covered customer service and the practice environment.

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
Explanation of any answers and additional evidence: NA	

Source	Feedback
Interviews with patients.	Patients were generally satisfied with their involvement in decisions about care and treatment.
CQC comment cards	Patients were generally satisfied with their involvement in decisions about care and treatment. Some patients commented they had seen improvements within the practice, including improved continuity of care.

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)	100.0%	94.6%	93.5%	Significant Variation (positive)

Any additional evidence or comments
NA

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: NA	

Carers	Narrative
Percentage and number of carers identified.	In March 2018, we told the practice they should continue to take steps to improve their identification of carers registered at the practice. The number of carers identified by the practice had increased from 11 (0.07%) in March 2018 to 25 (0.16%) carers. This was still a low number of carers for the patient list size. However, the patient demographics were skewed to the younger age group (with 64% in the 20-29 age range), who were less likely to identify as carers.
How the practice supported carers.	The practice had in place a carers champion to help understand and meet the needs of their patients. The champion attended workshops and meetings with the local carers organisation, to help ensure good links and access to up -to-date information on carers' services locally.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, GPs contacted them or sent them a sympathy card. This call was followed either by a patient consultation at a flexible time and location to meet the family's needs or, by giving them advice on how to find a support service.

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 ¹
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.	Partial ²
Explanation of any answers and additional evidence: ¹ There was some sound transfer between consultation rooms. When interviewing a GP in their room, we could hear some of the details of the conversation in the adjoining consultation room. ² Although some arrangements had been put in place to ensure confidentiality at the reception desk,	

we found that when there were two receptionists helping two patients, it was difficult to maintain confidentiality as there was no natural separation or barriers to the conversations being overheard.

Responsive

Rating: Good

We inspected this practice on 20 March 2018, and we rated the practice and the population groups of families, children and young people; working age people (including students and those recently retired); people with long term conditions and people experiencing poor mental health as requiring improvement for providing responsive services. This was because patient satisfaction levels (on the National GP Patient survey) were below local and national averages and the practice did not have enough evidence to demonstrate the changes they had made had resulted in a sustainable improvement in patient satisfaction levels.

At this inspection we rated the practice as Good for providing effective services because:

- The National GP Patient survey published in July 2018 showed although some indicators were slightly below local and national averages; none showed a statistically significant variance.

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.	Yes
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: NA	

Practice Opening Times

Day	Time
Opening times:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm
Appointments available:	

Monday	*9am to 12noon and 1pm to 5pm
Tuesday	*9am to 12noon and 1pm to 5pm
Wednesday	*9am to 12noon and 1pm to 5pm
Thursday	*9am to 12noon and 1pm to 5pm
Friday	*9am to 12noon and 1pm to 5pm
	*Earlier appointments were also available with the practice nurses and health care assistant from 8:30am
The practice had extended hours access on a Saturday between 8:30am and 5pm, with GP, practice nurse and the health care assistant appointment availability.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16271	423	26	6.1%	0.16%

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)	90.6%	95.9%	94.8%	No statistical variation

Any additional evidence or comments

NA

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.

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 from 8:30 am and on Saturdays 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.

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 offered extended appointments on Saturdays.
- Patients were able to access on-line systems for booking appointments and requesting repeat prescriptions.
- The practice offered NHS Health checks to all patients aged 40 to 74 years to identify those at risk of developing or who already had undiagnosed long-term conditions, at an early stage.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- 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
Explanation of any answers and additional evidence: NA	

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)	89.3%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	60.6%	71.3%	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)	57.2%	70.4%	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)	64.0%	76.4%	74.4%	No statistical variation

Any additional evidence or comments

In our previous inspections (December 2016, July 2017 and March 2018), we found National GP Patient Survey scores were lower than local and national averages in relation to ease of access to care and treatment were below local and national averages. In March 2018, we found the practice had implemented an action plan to address this area of patient satisfaction. However, they had only carried out a small patient survey and they could not demonstrate the changes they had implemented had improved patient satisfaction. The National GP Patient Survey results published in July 2018, demonstrated although for some of the indicators the practice was still slightly lower than local and National averages, the difference was not statistically significant. Because the definitions of some of the indicators in the National GP Patient Survey had changed from those published in 2017, it was not possible to compare year on year.

Source	Feedback
CQC comment cards	Although the majority of CQC comment cards were positive, four contained comments about timely access to the service, with concerns including delays past appointment time and difficulty in making an appointment.

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.	25
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>In March 2018, we told the practice they should update the practice complaints policy so that staff are aware of a patient's right to escalate their complaint to the Parliamentary and Health Service Ombudsman (PHSO) should they remain dissatisfied with the practice's response. In February 2019, we found the practice had addressed this and now referred to the PHSO in their complaints literature.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Appointment was booked with a healthcare assistant rather than a GP.	An explanation was given to the patient as to the range of consultations, tests and procedures other clinicians can carry out. A telephone appointment was booked with a GP to discuss the results of the test. The importance of communication was reiterated with staff. There was a discussion with staff to reiterate if they booked a patient in for an appointment with a different type of clinician than requested, they should explain this to the patient alongside the reasoning for this.
Patient was promised a letter would be available to collect within 48 hours in line with practice policy. However, it was not available within this timescale.	The practice identified the 48-hour deadline was unrealistic. They discussed this with the patient and advised they would change the practice policy to a more realistic 10-day timescale.

Well-led

Rating: Inadequate

We inspected this practice on 20 March 2018, and we rated the practice as requiring improvement for providing a well-led service. This was because we were not assured that the improvements had been fully embedded in the practice culture to ensure that improvement could be sustained. The practice's approach to service delivery and improvement was reactive and focused on short term issues.

At this inspection we rated the practice as inadequate for providing well-led services because:

- Although there were effective arrangements in place to manage the policies, procedures and general management of the practice, there was not effective leadership, governance or strategy to support continued clinical improvement within the practice. There was a lack of strategy, analysis, planning and implementation of detailed and achievable plans to support improvement in clinical attainment within the practice.

Leadership capacity and capability

Some leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial ¹
They had identified the actions necessary to address these challenges.	Partial ²
Staff reported that leaders were visible and approachable.	Partial ³
There was a leadership development programme, including a succession plan.	Partial ⁴
Explanation of any answers and additional evidence: ¹ We found the provider demonstrated a lack of understanding of the challenges faced by the practice and the strategies required to tackle these and to support the practice to improve. There was a lack of clarity to clinical strategy and improvement strategies. The provider demonstrated a lack of awareness of areas of clinical governance within the practice. The business management team, however, had a good understanding of the challenges to delivering the non-clinical aspects of the business and had identified effective strategies and implemented and monitored the improvement plans within their scope of control. ² In March 2018, we told the practice to ensure that improvements were embedded into the practice culture to ensure sustainment. In February 2019, we found there were effective arrangements in place to manage the policies, procedures and general management of the practice. This had supported the sustainment of some of the previously made improvement. However, we found ineffective clinical leadership within the practice. We found the plans were not detailed enough and were ineffective in supporting the practice to improve levels of clinical attainment. There was a lack of specific achievable time bound actions identified within the action plans to demonstrate the practice were taking sufficient action to improve.	

³ Staff reported the business management team were visible and approachable. However, they reported the provider spent little time at the practice and as such was not visible or approachable.

⁴ The practice demonstrated they had addressed the challenges in leadership they faced following the departure of the previous business manager shortly after the last CQC inspection. The business manager and assistant business manager told us how they had shared knowledge and skills to support the sustainability of the business management in the practice.

The practice told us that the long-term future for the practice was to recruit some partners to strengthen the leadership within the practice. The practice was looking for partners to join from the salaried GPs who has been employed by the practice since the last CQC inspection. However, this was a longer-term aspiration and there was not yet a detailed succession plan in place.

Vision and strategy

The practice had a clear vision but it was not always supported by a credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Partial ¹
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.	No ²
<p>Explanation of any answers and additional evidence:</p> <p>¹ The practice had a business development plan in place covering the period 2019-2022. This did set out the priorities and objectives for the practice. However, this did not set out clearly realistic plans for addressing the areas of underperformance in relation to clinical attainment. Although the concerns were identified, the strategy and plans did not provide enough detail to support the practice to achieve the required level of improvement.</p> <p>² There weren't clear governance mechanisms in place to identify where the plans were not achieving the required level of improvement.</p>	

Culture

The practice culture did not always effectively support 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.	Partial *
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
Explanation of any answers and additional evidence: *Staff told us they were able to raise concerns. Where these related to the day to day running of the practice or where things had gone wrong; these were listened to and acted upon. However, when they raised concerns about the strategy or gave ideas about the way to improve; these were not always listened to or acted upon. Staff told us the clinical leadership in place within the practice sometimes acted as a barrier to making improvements.	

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

Source	Feedback
Staff interviews	Staff told us the clinical leadership in place in the practice acted as a barrier to making improvements. They told us they did not always receive the clinical leadership and support they needed to make improvements.

Governance arrangements

Some aspects of the governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial ¹
Staff were clear about their roles and responsibilities.	Partial ²
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: ¹ During this inspection, we found some aspects of the governance had improved and were working effectively. The business management team had a good understanding of the governance structures required to manage the non-clinical aspects of the business and had refined the processes in place to ensure the practice ran effectively. However, we found the clinical governance was not effective. The provider was unable to describe to us the governance arrangements in place, such as managing significant events, patient safety alerts and care planning of patients with long term conditions. The governance mechanisms did not effectively identify areas where the practice was failing to improve and did not identify where remedial action was required to get the practice back on track.	

² We found generally staff had clear roles and responsibilities. However, there was a lack of clarity on clinical leadership. We found a lack of ownership for holding the practice to account where they were failing to improve and for identifying where remedial action was required to get the practice back on track.

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No ¹
There were processes to manage performance.	No ²
There was a systematic programme of clinical and internal audit.	No ³
There were effective arrangements for identifying, managing and mitigating risks.	Partial ⁴
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.	No ⁵

Explanation of any answers and additional evidence:

¹ We found there were a lack of assurance systems in place. The practice did not have effective systems in place to track their own performance or to check the success of activities against improvement plans.

² The practice did not have in place effective systems to manage performance and identify where remedial actions were required.

³ There was no clinical audit strategy in place to support the practice to improve. There was no clinical audit or improvement activity within the last year, focused on improving health outcomes for patients.

⁴ We found systems to manage risks, issues and performance were largely informal and did not support the practice to identify areas where the practice was failing to improve and did not identify where remedial action was required to get the practice back on track.

⁵ The practice did not have effective processes in place to consider service developments or consider the impact on quality and sustainability where changes were planned.

Appropriate and accurate information

The practice did not always use data and information proactively to drive and support decision making

	Y/N/Partial
--	-------------

Staff used data to adjust and improve performance.	Partial
Performance information was used to hold staff and management to account.	Partial
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence: We found the practice did not always use data to adjust and improve performance. Clinical attainment in some areas continued to be below local and national averages. The practice had not taken steps to identify the performance of other practice with similar demographics or to identify what strategies had proved successful at supporting good levels of attainment at any similar practices.</p>	

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
Explanation of any answers and additional evidence: NA	

Feedback from Patient Participation Group.

Feedback
The members of the Patient Participation Group we spoke with told us that staff knew the patients well and offered a personalised service. They told us the service had improved significantly within the last 18 months. They noted there were more clinical staff, such as doctors and nurses, leading to more continuity of care. They told us the practice had listened to their comments and acted upon them. For example, they had implemented a privacy line in front of reception to support patients to stand a distance away from the reception desk to promote confidentiality. They had also added GP appointments to the Saturday extended hours.

Any additional evidence

NA

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial *
Learning was shared effectively and used to make improvements.	Partial *
Explanation of any answers and additional evidence: * The practice had sustained many of the improvements they had made prior to the March 2018 inspection. For example, they had maintained the improvements they had made to the systems for significant events, safeguarding and the legal authorisation for nurses to administer medicines. However, the leadership, governance and culture within the practice did not always support the practice to make the necessary further improvements, particularly related to clinical attainment.	

Examples of continuous learning and improvement

- The practice had recruited five salaried GPs to give greater stability and continuity of care within the practice.
- The practice had embedded the process for identifying and learning from significant events and incidents.

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.
- 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.

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.