

Care Quality Commission

Inspection Evidence Table

Lakeside Healthcare Partnership (Lakeside Healthcare at Lakeside Surgeries Corby) 1-541823683

Inspection date: 26 November 2018

Date of data download: 05 December 2018

Overall rating: Requires improvement

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

Safe

Rating: Inadequate

Safety systems and processes

The practice did not always have 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 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
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
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	Yes

Safeguarding	Y/N/Partial
workers. to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <p>Lakeside Healthcare Partnership as a provider had their own designated Safeguarding Team who were employed within the partnership from Monday to Friday to cover all aspects of what we found to be well documented protocolised embedded Safeguarding processes to protect both children and adults.</p> <p>The members of the team were easily contactable during working hours via telephone or the task system on the clinical record system System One.</p> <p>During our inspection safeguarding was tried and tested and found to be effective in its delivery. Staff members described the safeguarding system as a unique feature of working for the partnership. Staff felt confident that any potential safeguarding concern identified could be escalated to an expert team in the knowledge that there would be oversight, a thorough investigation by liaising with multi agencies, collation of information and follow up. This alleviated undue pressure and anxiety on clinicians.</p> <p>The safeguarding team delivered safeguarding training and education to staff to enable them to recognise differences in risk from levels one to four, with additional visual support from detailed laminated A3 posters in all consulting rooms and up to date contact numbers and names to empower prompt referrals.</p> <p>The safeguarding team gathered relevant information from various sources by having direct links with Health Visiting teams, Midwives, School Nurses, Social services, MASH teams and the Police and linked together family members in order to risk stratify each case.</p> <p>As a result of gathering this detailed and high-level information we saw evidence of very detailed comprehensive reports having been generated for local safeguarding meetings, Child Protection Conference reports and referrals to MASH. The team organised and attended the monthly safeguarding multi-disciplinary team meetings held at the practice to provide updates and action plans.</p> <p>Information relating to safeguarding investigations, meetings and reports were found to be easily accessible on the patient medical record via generic Lakeside children and adult safeguarding templates in the clinical tree and contained a chronology of concerns and contacts about a child and their family with updates to appraise clinical staff at the time of consultation.</p> <p>Records had specific Read codes that were current with alerts, icons, information regarding parental responsibility and family contacts.</p> <p>We saw evidence that when children were not taken to hospital appointments or appointments for immunisations these were followed up.</p> <p>Reports for Child Protection Case conferences (CPCC) were sent out in plenty of time to allow attendees to read them beforehand and to date the return rate of reports is 100% and the Lead Safeguarding Nurse attended when applicable.</p> <p>At this inspection we saw examples of the safeguarding team dealing with Adult safeguarding concerns complying with The Care Act and Capacity issues as detailed in their educational policy.</p> <p>Referrals were made in the same way as for children and safeguarding information was accessed via the generic Lakeside Adult safeguarding template. Cases were reviewed in depth with expert knowledge and oversight by the lead safeguarding GP who provided feedback to the referrer with a management plan which could include referral to social services. The team were able to link agencies to support patients at</p>	

Safeguarding	Y/N/Partial
risk. The safeguarding team distributed a regular newsletter called “Cautionary Tales” which contained learning points from Serious Case Reviews and Local Safeguarding cases for staff to reflect upon. Staff members we spoke with told us they found the newsletters useful and thought provoking.	

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.	No
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
Explanation of any answers and additional evidence: We reviewed staff files and spoke with the Human Resources Lead and found that there was not an effective employee immunisation programme in place and no system to ensure staff who had direct contact with patients were up to date with their routine immunisations.	

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: Corby site : 18/03/2018 Brigstock site: 19/02/2018 Forest Gate site: 16/05/2018	Yes*
There was a record of equipment calibration. Date of last calibration: Corby site : March to July 2018 Brigstock site: 19/02/2018 Forest Gate site: 16/05/2018	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 external contractor service: Corby site : June 2018 Brigstock site : May 2018 Forest Gate site : October 2018	Yes

There was a log of fire drills. Date of last drill: Corby site : 15/06/2018 Brigstock site: 19/11/2018 Forest Gate site: 16/05/2018	Yes
There was a record of fire alarm checks. Date of last check: Corby site : 23/11/2018 Brigstock site : 23/11/2018 Forest Gate site : 23/11/2018	Yes
There was a record of fire training for staff. Date of last training: Various	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion:	Yes
Actions from fire risk assessment were identified and completed.	No*
<p>Explanation of any answers and additional evidence:</p> <p>Although Portable Appliance Testing testing and calibration checks had been carried out at all sites, we found some electrical items or pieces of equipment at the branch sites which were not identified as having been tested or calibrated.</p> <p>Current gas safety certificates were not available for the Forest Gate branch site. Following our inspection a gas safety certificate was provided dated 28/11/2018 relating to the Forest Gate site.</p> <p>Records were not available of fire extinguisher checks relating to Forest Gate branch site but were provided following our inspection.</p> <p>Records of fire drills were not available on the day of our inspection relating to the Brigstock branch site but were provided following our inspection.</p> <p>Fire risk assessments had been undertaken at the end of October 2018. Actions identified had not yet been completed. We were told the actions would be added to the risk register to ensure they were completed.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: All sites – full assessment December 2017. Reviewed	Yes*

September 2018. Some actions identified in December 2017 not completed by time of review in September 2018 and still outstanding.	
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: All sites – full assessment December 2017. Reviewed September 2018. Some actions identified in December 2017 not completed by time of review in September 2018 and still outstanding.	Yes*
<p>Explanation of any answers and additional evidence:</p> <p>The system for identifying and acting on risks was not consistent across all sites and not all identified risks had been acted upon in a timely way.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	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:	Corby site July 2018 Brigstock site Forest Gate site April and October 2018
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: An infection control audit of the Forest Gate Surgery had been carried out in April 2018 and actions identified. The audit had been repeated in October 2018 and many actions were still outstanding, for example cluttered surfaces and dusty areas.	

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

Explanation of any answers and additional evidence:

As the result of a significant event staff had received sepsis training and the practice had purchased paediatric pulse oximeters in addition to standard pulse oximeters to assist in early identification of potential cases of sepsis.

There was a duty GP available every day which enabled urgent clinician review of deteriorating or acutely unwell patients.

Information to deliver safe care and treatment

Staff did not have 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 documented approach to the management of test results and this was managed in a timely manner.	No
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: See medicines management section	

Appropriate and safe use of medicines

The practice did not have systems which supported 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)	0.96	0.97	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)	9.9%	8.5%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to	Partial

Medicines management	Y/N/Partial
authorised staff.	
Blank prescriptions were kept securely and their use monitored in line with national guidance.	No
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.	No
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.	No
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.	No
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.	Partial
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
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p><u>Prescription security</u></p> <p>The provider did not act in accordance with national guidelines in respect of prescription security. We found that the system in place did not track prescriptions through the practice, to and through the branch surgeries. Additionally, we found that some rooms which contained prescriptions in the printers were not kept locked.</p> <p><u>Emergency medicines</u></p> <p>We found medicines at the Forest Gate Surgery which had exceeded the manufacturers' use by date, despite checks of the medicines having been recorded as having been carried out. The checking process for expiry did not involve physically checking the medicines themselves, only checking the attached stock sheet which did not reflect the contents of the bag.</p>	

Medicines management	Y/N/Partial
<p>Atropine prefilled injection and Prednisolone 5mg contained in the emergency medicines bag had expired in February and August 2018 respectively and there were no rectal diazepam tubes available.</p> <p>There was no Benzyl penicillin available at Forest Gate Surgery to treat patients presenting with severe infections. Clinicians in the surgery were unable to locate this medicine for use in the surgery and there was no risk assessment for not holding this emergency treatment.</p> <p><u>High risk drug prescribing and monitoring</u></p> <p>Patients in receipt of warfarin who required regular blood testing had their tests done by a third-party healthcare provider, commissioned by the clinical commission group. This system did not provide the practice with patients' INR result or the date when their next INR test was due. Information was only received directly when a patient had missed a test. The practice was able to see INR results manually through the ICE system (Integrated Clinical Environment) but we found that the practice was not routinely updating the clinical systems to allow prescribers to see results in the practice clinical system. Prescribers were in a position where they prescribed warfarin without being in possession of all the facts to enable them to make a considered, safe judgement.</p> <p>In respect of other high-risk medicines, for example methotrexate and lithium, we found that alerts were not on all the patient records we sampled and there was no identification on the front page of some patients' clinical records to identify the frequency of monitoring required. The system for repeat prescribing for these medicines was not clear and lacked clinical oversight.</p> <p><u>Controlled drugs</u></p> <p>See dispensary services section.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system was in place to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
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.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes

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.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
Explanation of any answers and other comments on dispensary services: The dispensary staff told us they were carrying out balance checks of controlled drugs but these were not being recorded.	

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:	84
Explanation of any answers and additional evidence: The practice also recorded near misses. In the last 12 months, 55 had been recorded. 33 of the significant events or near misses related to other organisations such as the local hospital or urgent care centre. Nurses discussed significant events as a fixed agenda item at their monthly meetings. Significant events occurring across the Lakeside practices were also considered at these meetings.	

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

Event	Specific action taken
Patient with chronic back pain found to have testicular cancer – possible missed diagnosis.	A back pain audit was undertaken and a presentation made to clinicians at quality meeting to raise awareness.
Patient missed zoladex injection	Discussed with practice nurses. New template and process

introduced. Training given to receptionists.
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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: Good

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)	1.04	1.12	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice held a list of vulnerable patients whose frailty risk had been stratified and personalised care plans agreed and put in place. The team met weekly to review patients and appropriate patients were escalated to the monthly Palliative Care multi-disciplinary meeting for

discussion.

- The practice was piloting an extended service to palliative and complex patients whereby they were able to contact a senior receptionist directly who would then assist them with their needs appropriately and in a timely way.
- 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 aimed to provide as much care as locally as possible for patients. A number of GPs had specialist interests and provided specialist clinics for patients who would otherwise have had to travel to community or secondary care providers.
- Services available at the practice and to which patients could be referred included physiotherapy and a local wellbeing clinic.
- The service looked after patients in five local care homes. The practice carried out annual reviews of these patients in the care homes and the reviews were undertaken by a GP, health care assistant and a CCG prescribing advisor. Medicines, capacity and Do Not Attempt Resuscitation (DNAR) documentation were reviewed as part of this process.

People with long-term conditions improvement

Population group rating: Requires

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. There were nurse-led long term condition clinics for hypertension, asthma and COPD.
- The practice also employed a number of specialist nurses who provided Heart Failure, Diabetic and hypertension clinics. The Heart Failure nurses worked with the local heart failure multi-disciplinary team. The diabetic specialist nurses worked closely with the community and secondary care-based teams to provide personalised treatment plans for these cohorts of patients in a multi-disciplinary approach. They also worked closely with the GPs for those patients who had very complex needs.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. For example, as part of the seasonal flu clinics the practice included pulse checks in order to opportunistically screen for undiagnosed atrial fibrillation.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Self blood pressure monitors were also available.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The system for repeat prescribing some high risk medicines to patients with long-term conditions such as methotrexate, lithium and warfarin was not clear and lacked clinical oversight.

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)	89.2%	88.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	26.7% (674)	25.0%	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)	85.3%	86.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	11.9% (299)	10.3%	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)	86.2%	85.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	18.3% (461)	16.9%	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) (QOF)	75.9%	75.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	6.8% (173)	4.7%	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)	93.0%	92.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	13.3% (190)	10.9%	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)	86.8%	86.3%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.0% (307)	3.9%	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)	97.9%	96.4%	90.0%	Variation (positive)
Exception rate (number of exceptions).	4.1% (28)	3.6%	6.7%	N/A

Findings
<ul style="list-style-type: none"> • Childhood immunisation uptake rates were higher than 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. • Travel advice and immunisations were available. • There was a central safeguarding team who maintained a 100% completion rate on child conference reports. • Health care assistants at the practice had received training which enabled them to provide smoking cessation services.

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)	589	632	93.2%	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)	592	646	91.6%	Met 90% minimum (no variation)
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)	593	646	91.8%	Met 90% minimum (no variation)
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)	595	646	92.1%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

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. The practice had received recognition locally as an effective referrer into the Pre-Diabetes Program.
- Smoking cessation services were offered by health care assistants at the practice.

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)	69.5%	71.1%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.5%	70.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	55.2%	53.4%	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. (PHE)	49.8%	74.9%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	51.4%	55.0%	51.6%	No statistical variation
No measures had been put in place to address the low uptake of cervical screening which was below the national target.				

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 homeless

people, travellers and those with a learning disability.

- The practice had a system for vaccinating patients with an underlying medical condition. However, the practice had last run the search two years ago and needed to do this more frequently to ensure all relevant vaccinations were offered to those who were eligible.
- The practice demonstrated that they had a system to identify people who misused substances and hosted clinics for this purpose.
- Learning disability health checks were provided and the practice had a learning disability champion.

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 and advanced care planning was carried out for patients with dementia.
- Staff had received Mental Capacity Act and awareness training.

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)	96.1%	95.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	22.0% (51)	20.5%	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)	96.4%	96.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	16.4% (38)	14.9%	10.5%	N/A
The percentage of patients diagnosed with	83.0%	81.0%	83.0%	No statistical variation

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)				
Exception rate (number of exceptions).	5.4% (20)	4.7%	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.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	-	537.5
Overall QOF exception reporting (all domains)	8.1%	5.7%	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.	Yes

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

- The local area had been previously identified as an outlier in detection & treatment of hypertension with an estimate that only 50% of patients with hypertension had been diagnosed. The practice carried out an audit with the aim of establishing whether Ambulatory Blood Pressure Monitoring results were being interpreted correctly in picking up newly diagnosed hypertensive patients, and whether the correct investigations were being performed and whether they were correctly treated or not. The first cycle of the audit showed that investigations had been correctly arranged by the HCA in 55% of patients. This rose to 79% in the second cycle of the audit. The percentage coded by the GP dropped from 61% to 57% and the percentage of patients treated appropriately rose from 79% to 100% in the second cycle of the audit. There were plans for a third cycle of the audit to be carried out in 2019.
- The practice had carried out a Sleep Apnoea audit. The first cycle was carried out in 2017. The practice then participated in a pilot using technology called 'WatchPAT' which analysed heart rate and oxygen levels to give results which helped to identify the condition. A second audit was then carried out of the patients who had used the 'WatchPAT' test. This demonstrated a reduction in patients failing to attend sleep clinic appointments when referred following the 'WatchPAT' test. Of those referred a larger proportion were having active treatment and a larger proportion were managed with advice in primary care.

Any additional evidence or comments

We saw the practice had an ongoing programme of clinical audits covering a range of areas.

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.	Partial
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.	No
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: There was no structured review of nurses' clinical decision making. The provider told us and we saw evidence that this was an area that they had identified for action.	

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

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

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)	94.6%	94.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.3% (131)	1.1%	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

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.	39
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 comments cards	The majority of patients who commented expressed high levels of satisfaction with the care and treatment they received and described staff as informative, helpful, respectful and willing to go the extra mile. Access to appointments and continuity of care was described as difficult by a few patients.
NHS Choices	In the last 12 months there had been ten reviews of the practice on NHS choices. Two of these were positive about the service received. The negative comments related to access to the service.
Friends and Family Test (FFT)	In 2018, 90% of patients who completed the friends and family test were likely or extremely likely to recommend the practice to friends or family.

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
48851	338	112	33.1%	0.23%

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)	87.4%	88.9%	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)	87.3%	87.9%	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)	93.5%	92.8%	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)	73.3%	76.2%	83.8%	No statistical variation

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

Any additional evidence

Patient feedback received from various sources including NHS Choices, GP patient surveys and complaints was collated and discussed at practice quality meetings and fed in to their quality improvement plan.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	97.3%	95.6%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	1399 patients identified as carers which represented 2.7% of practice population.
How the practice supported carers.	The practice had been awarded the Bronze carers award. A Carers champion had been recently appointed to identify and support carers and had taken part in a voluntary pilot with Voiceability supported by the CCG as part of relaunching their carers and learning disability services.

Privacy and dignity

The practice respected respect 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

Responsive

Rating: Requires improvement

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:	

Practice Opening Times	
Day	Time
Opening times: Corby and Forest Gate sites	
Monday	8.00am to 6.30pm (until 8.00pm at Corby)
Tuesday	8.00am to 6.30pm
Wednesday	8.00am to 6.30pm
Thursday	8.00am to 6.30pm (until 8.00pm at Corby)
Friday	8.00am to 6.30pm
Opening times: Brigstock site	
Monday	8:00am to 1.00pm
Tuesday	1.00pm to 6.00pm
Wednesday	8:00am to 1.00pm
Thursday	8:00am to 1.00pm
Friday	8:00am to 1.00pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
48851	338	112	33.1%	0.23%

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)	96.4%	94.9%	94.8%	No statistical variation

Older people

Population group rating: Requires improvement

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.
- The practice had recently employed a Community Nurse Practitioner who also carried out home visits to improve the continuity of care for complex patients.
- Patients had reported dissatisfaction with access to appointments and to the practice by telephone. This affected all the population groups. The practice had an action plan to address the issues with access and were in the process of implementing this. However, at the time of our inspection there had not been time to embed the new processes and therefore we were unable to gauge the impact

People with long-term conditions

Population group rating: Requires improvement

Findings

- The practice were progressing work on their recall system to ensure that patients with multiple conditions had their needs reviewed in one appointment to reduce unnecessary visits to the practice.
- 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.
- The community nurse practitioner saw patients recently discharged after a hospital admission

related to their long-term condition.

- Patients with heart failure were able to receive enhanced care to optimise their condition. This was delivered by specially trained nurses with the prescribing qualification to optimise patients' condition and avoid the need to travel to hospital.
- Patients had reported dissatisfaction with access to appointments and to the practice by telephone. This affected all the population groups. The practice had an action plan to address the issues with access and were in the process of implementing this. However, at the time of our inspection there had not been time to embed the new processes and therefore we were unable to gauge the impact

Families, children and young people

Population group rating: Requires improvement

Findings

- 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. Records we looked at confirmed this.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary as there was a duty doctor available and a daily minor illness clinic.
- The practice offered private areas on request at each of the sites for breastfeeding.
- Patients had reported dissatisfaction with access to appointments and to the practice by telephone. This affected all the population groups. The practice had an action plan to address the issues with access and were in the process of implementing this. However, at the time of our inspection there had not been time to embed the new processes and therefore we were unable to gauge the impact

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. Patients were also able to view results and their records online.
- The practice was open until 8.00pm on a Monday and Thursday.
- The practice offered minor surgery reducing referrals to secondary care.
- Patients had reported dissatisfaction with access to appointments and to the practice by telephone. This affected all the population groups. The practice had an action plan to address the issues with access and were in the process of implementing this. However, at the time of our inspection there had not been time to embed the new processes and therefore we were unable to gauge the impact.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Longer appointments were available for patients with learning disabilities or complex issues to enable effective communication.
- 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.
- Hearing loops were available and patients with a hearing impairment had alerts added to their patient record.
- Translation services were available.
- Patients had reported dissatisfaction with access to and to the practice by telephone. This affected all the population groups. The practice had an action plan to address the issues with access and were in the process of implementing this. However, at the time of our inspection there had not been time to embed the new processes and therefore we were unable to gauge the impact

People experiencing poor mental health (including people with dementia)

Population group rating: Requires improvement

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.
- The practice had plans in place to work with 'Mind Corby' to improve their service and were able to sign post to the Mind Café.
- Patients had reported dissatisfaction with access to appointments and to the practice by telephone. This affected all the population groups. The practice had an action plan to address the issues with access and were in the process of implementing this. However, at the time of our inspection there had not been time to embed the new processes and therefore we were unable to gauge the

impact

Timely access to the service

People were not always 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
<p>Explanation of any answers and additional evidence:</p> <p>Home visits were triaged by the on-call GP and carried out on a daily basis.</p> <p>The practice had recently appointed a Community Nurse Practitioner who also carried out home visits to improve the continuity of care for more at risk patients.</p>	

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)	15.3%	36.5%	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)	37.8%	49.2%	68.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	34.1%	44.9%	65.9%	Significant Variation (negative)
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)	54.5%	61.1%	74.4%	Variation (negative)

Any additional evidence or comments

The practice were fully aware of patient dissatisfaction with access. Following the 2018 GP Survey and 2017 CCG survey which both highlighted issues in getting through to the practice, the practice produced an action plan to address the issues. They had held staff meetings, focus groups and workshops in order to identify the strengths and weaknesses of the current system.

A reception team manager had been appointed who restructured the reception team, improved the

induction and training programme for receptionists and set standards and KPI's for the team. There were ongoing plans to further restructure staff working patterns and redesign the call handling model in order to deal with the peaks and troughs of incoming calls. The practice had added a further four incoming telephone lines in July 2018.

The practice had audited capacity and demand and as a result were carrying out ongoing recruitment in order to provide more clinical sessions. They had employed a community nurse practitioner whose role included home visiting with a view to reducing the number of home visits carried out by GPs. An additional Advanced Nurse Practitioner had also been recruited to provide more appointments.

Other actions included that from April 2019 the practice planned to triage same day appointment patients and staff would be trained to navigate the patients more efficiently. They had also introduced an online system called 'DoctorLink'. This necessitated patients requesting an urgent appointment to undertake an online symptom assessment. If the outcome indicated that an appointment was required, the patient was contacted by the practice to arrange the appointment within a timeframe identified by the online system.

A system called Q Doctor was going to be piloted in the near future which would enable patients to access skype type consultations. This was being promoted via facebook and the practice website.

At the time of our inspection the changes that had already been made to try and improve access had not had time to become embedded and therefore we were unable to gauge their impact.

Source	Feedback
NHS Choices	There were 10 reviews on the NHS Choices website in the last 12 months. Eight of these were negative and related to issues with access to appointments and also to the practice by telephone.
CQC comments cards	We received 45 comments cards. Of these, five were mixed and one was negative. The majority were positive and patients reported satisfaction with the service they received during their consultations. However, there was a theme in the negative and mixed comments relating to lack of appointments and difficulty getting through on the phone to make appointments.

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.	93
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint re patient with enhanced needs having difficulty contacting practice.	As a result of the complaint a new system was introduced for palliative and complex patients which gave them direct contact with a senior receptionist to assist them with their needs and help them navigate the system.
Complaint regarding telephone appointments as patient complained that had to take time off work to wait for telephone consultation but then missed the call.	As a result of the complaint the system for telephone appointments was reviewed and patients are now given a specific time for the call.

Well-led

Rating: Requires improvement

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: When the practice manager was appointed they carried out a rapid response review to identify any issues and then formulated a quality improvement program to ensure actions were implemented. We saw that the program was being progressed.	

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

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
CQC Non-clinical staff questionnaire	Prior to our inspection a CQC questionnaire was sent to all non-clinical staff. We received 30 responses. On the whole staff reported that they felt well supported by management and peers and that leaders were visible and approachable. Staff reported that they felt proud to work at the practice and that they worked well within their own teams but also as part of the wider team.
Staff interviews	Staff told us they were consulted on ideas for improvement and were listened to. For example, as a result of staff feedback, recycling bins had been placed around the site. Nurses felt well supported by the dedicated nurse management structure and programme of meetings.

Governance arrangements

There were not always clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were effective governance structures and systems in place which were regularly reviewed.	Partial
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: Although systems and processes were in place we found that these were not always operated effectively, for example in respect of prescription security and high risk drug prescribing.	

We found that some areas were not subject to internal audit or clinical input and therefore lacked oversight, for example non-medical prescribing, lack of structured review of nurses' clinical decision making.

Incoming correspondence was processed by the administration team and whoever scanned the information in to the system made the decision about who needed to see it. There was no protocol or oversight to check that the system was working correctly. We saw examples where clinical letters relating to changes of medicines had not been sent to the pharmacists for action. Additionally, the pharmacists told us they had a seven to ten-day backlog of letters for medicines changes. They said anything urgent would go to the GPs but it was not clear how the administration team were deciding what was urgent.

We have since been provided with an action plan identifying where some improvements were planned or had been implemented. However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have noted the information and it will be reflected once we carry out a follow up inspection at the practice and gain assurances that changes to systems or processes are embedded.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems 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.	No
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<p>The provider utilised a 12-point Quality Assurance & Governance Plan to manage activities relating to the safety of the operation including quality improvement. At practice level we were able to see how the 12-point plan was used as the basis for site, management and team quality meetings. The information gathered and monitored in the practice then fed in to the provider's overarching governance framework and risk management systems.</p> <p>The practice also maintained a risk register which also fed in to the provider's overarching risk register. Although risk assessments had been carried out, not all actions identified had been acted upon.</p>	

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Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	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.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: Prescribers of high risk medicines were not always in possession of accurate and reliable information about patients that enabled them to make safe, considered judgements. This had not been identified as a risk.	

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: Examples of changes made as a result of patient feedback: The practice had installed four further incoming telephone lines to the practice. Telephone appointments were now made at specific times as patients had expressed dissatisfaction at not knowing when they were going to be called.	

Feedback from Patient Participation Group.

Feedback
The practice told us that the Patient Participation Group (PPG) was not being fully utilised and was currently undergoing a review to enable them to speak for the patients and be a link between patients and management team. We spoke with three members of the PPG who also told us that the PPG was in the process of reforming as they had lacked purpose, direction and support. One of the members we spoke to was going to be the

new chair of the PPG and hoped to be able to revitalise the group and be more involved in developing the practice and representing the patient voice.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement

The practice has an education lead who reports to the providers overall lead for education.

The practice is a training practice and takes medical students from Leicester and Cambridge Universities, Nursing students from DeMontfort University as well as registrars.

Pharmacists have recently been employed and work with the GPs with a particular focus on medication changes for patients recently discharged from hospital.

The practice carries out research and the provider's Director for Research and Innovation works with the Non-Executive Directors and the Practice Manager, to assess how research activities can be implemented which complement the core activities of the practice with the aim of improving the quality of the services provided to patients.

The provider operates a 'Best of the best' system to enable implementation at the practice of what is working well at the providers other locations.

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.