

# Care Quality Commission

## Inspection Evidence Table

### Groby Surgery (1-2224384161)

Inspection date: 23 January 2019

Date of data download: 02 January 2019

## Overall rating: Good

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

### Safe

Rating: Good

#### Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y*
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>The practice policies clearly outlined who staff should contact for further guidance if they had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff we spoke with were aware who the lead GP was.</p>	
<p>All staff had received up-to-date safeguarding training appropriate to their role with the exception of a GP partner who was on a waiting list for the relevant update.</p>	
<p>The practice worked with other agencies to support patients and protect them from neglect and abuse.</p>	
<p>We saw copies of meeting minutes where Safeguarding was regularly discussed and actions were taken where appropriate.</p>	

Recruitment systems	Y/N/Partial
<p>Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).</p>	Partial
<p>Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.</p>	Partial
<p>There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.</p>	Partial
<p>Staff had any necessary medical indemnity insurance.</p>	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Recruitment checks had been carried out in accordance with the regulations for permanent staff but not in respect of all locums.</p> <p>We looked at the documentation relating to the use of two locum advanced nurse practitioners and found that in respect of one of the nurses the practice had not evidenced checking indemnity, photographic ID, qualifications, professional registration, references or level three safeguarding. This was not in line with their locum protocol. In respect of the second nurse there was no evidence of indemnity.</p> <p>In addition, we found that the locum protocol contradicted the requirements indicated on the locum induction checklist. Following our inspection, the practice sent evidence that they had reviewed and aligned these documents.</p> <p>We reviewed staff files and spoke with the Practice Manager and found that there was no system to ensure staff were up to date with their routine immunisations.</p>	

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: 3/8/18	Y
There was a record of equipment calibration. Date of last calibration: 3/8/18	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure dated November 2017. For review November 2019	Y
There was a record of fire extinguisher checks. Date of last check: 4/12/18	Y
There was a log of fire drills. Date of last drill: 14/12/18. Comprehensive report of fire drill had been completed.	Y
There was a record of fire alarm checks. Date of last check: 18/1/19. Checks were carried out weekly	Y
There was a record of emergency lighting checks Date of last check: 18/1/19	Y
There was a record of fire training for staff. Date of last training: training had taken place over the last 12 months	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 15/1/18	Y
Actions from fire risk assessment were identified and completed.	Y*
<p>Explanation of any answers and additional evidence:</p> <p>A fire risk assessment had been carried out by an external company in January 2018 and actions had been identified. For example, ensure a fixed wiring test and gas safety check had been carried out, ensure equipment had been calibrated and had a portable appliance testing certificate. We checked that these actions had been completed. The practice had a fixed wiring certificate dated February 2016. A gas safety check had been carried out in August 2017 and calibration and portable appliance testing had been completed in August 2018.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 17/1/19	Y
Health and safety risk assessments had been carried out and appropriate actions taken.	Y*

Date of last assessment: 17/1/19	
<p>Explanation of any answers and additional evidence:</p> <p>We found the practice had effective arrangements in place for the management of legionella (a bacterium which can contaminate water systems in buildings). A policy was in place and a risk assessment had been carried out on 2 November 2018. Monthly water temperature monitoring was carried out as per recommended guidance.</p>	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y*
Date of last infection prevention and control audit:19/9/18	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y*
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The infection control audit carried out on 19 September 2018 had identified a number of actions. On 19 December 2018 a summary of these actions had been completed to identify what was still outstanding. Most actions had been completed but the practice still needed to install hand dispensers throughout the practice. They told us they would have this completed within a week of the inspection.</p> <p>We found that the external cleaning company completed monthly audits to ensure that the cleaning of the practice was acceptable. The practice manager met with the company if issues arose but did not document the discussions that took place.</p> <p>Staff had received infection control training. The practice training matrix identified that this should be undertaken annually but we found that some staff last undertook training in 2017.</p>	

## Risks to patients

### There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y*
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y

Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y*
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice used the Eclipse risk stratification tool which enabled the clinical team to understand the needs of their population and manage those at risk. The tool identified patients that are at high to and medium high risk of accessing healthcare services. It assisted the clinicians in preventing disease progression and would allow for interventions to be targeted and prioritised.</p> <p>At the inspection in January 2018 we found that clinicians knew how to identify and manage patients with severe infections, for example, sepsis. We looked at the patient electronic record system and found that there was an inbuilt sepsis alert that followed NICE guidance. We were also able to review a patient record where sepsis had been diagnosed and appropriate treatment had taken place. However, on the day of the inspection we found no Sepsis information available to patients or staff. In training records, we looked at we found that no specific training had taken place for the reception and nursing team. At this inspection we saw that the management team had taken immediate action. An information leaflet was provided to staff, a poster and awareness cards were placed in reception and training had taken place for staff.</p>	

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y*
Referrals to specialist services were documented.	Y*
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice used the PRISM "Pathway and Referral Implementation System", which worked alongside Clinical Systems, (SystemOne and EMIS web). It had a range of features designed to benefit the GP, other clinicians and the patient through the referral journey. This ensured that there were effective and consistent referral letters. The referral pathways also included helpful prompts, response driven questions and patient information leaflets to ensure that the most up-to-date information is to hand for reference and printing when required.</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>	1.01	0.98	0.94	No statistical variation
The number of prescription items for	8.3%	9.5%	8.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)				

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y*
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Not held in the practice
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Not applicable
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y*
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y*

Medicines management	Y/N/Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y*
<p>Explanation of any answers and additional evidence:</p> <p>The practice aims to have authorised repeat prescriptions ready for collection within 48 working hours. They also offer the facility of the Electronic Transfer of Prescriptions (ETP) to a nominated pharmacy of a patient's choice, if they wish this, within 48 working hours.</p> <p>There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer. The practice was visited by the WLCCG medicines management team on a regular basis as part of quality, innovation, productivity and prevention (QIPP) scheme.</p> <p>We looked at the system in place to monitor emergency equipment, emergency medicines and management of gasses. At the inspection in January 2018 we found some gaps in monitoring and recording of the emergency equipment and medicines. At this inspection we found that the arrangements had been reviewed and checks were carried out monthly together with a separate independent check to ensure this has been documented accordingly.</p> <p>We discussed with the management team the need to have an alternative antibiotic for sepsis which would cover those patients who were allergic to penicillin. The practice told us they would review this and would also ensure that there was the appropriate additive, e.g. water for injection, to make up this medicine when required.</p> <p>We also discussed with the management team whether they would should have more than one oxygen cylinder on the premises. This would assist them if they had more than one emergency or if a request for an ambulance had been made where the response was not in a timely manner.</p> <p>Following the infection control audit carried out in September 2018 a validated cool box had been purchased for use on home visits to ensure vaccines were transported in line with PHE guidance.</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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y



Number of events recorded in last 12 months:	42
Number of events that required action:	42
Explanation of any answers and additional evidence:	
<p>The practice used the 'Datix' system to record internal and external significant events and staff had received specific training on the process.</p> <p>After Death Audits were completed and also captured as part of significant event reporting. Sixteen had been recorded over the past 12 months.</p> <p>All complaints were recorded as significant events.</p> <p>The system used was comprehensive and clear to follow with detailed investigation and analysis.</p> <p>The practice kept a learning log which documented learning from significant events and identified how it had been shared.</p>	

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

Event	Specific action taken
Patient had been prescribed hydrocortisone/miconazole cream when they were also taking warfarin. This was contrary to national guidance.	We saw that this had been discussed at a clinical meeting and the action was to add a reminder on warfarin patient notes not to prescribe the cream alongside warfarin. We saw evidence that this had been implemented.
A controlled drug prescription was given to a patient by one of the GP's without patient signing for it.	The prescribing protocol was reviewed and following discussion by the partners the prescriptions protocol was updated and circulated to all staff to read and sign.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	
<p>We saw copies of meeting minutes where Significant events and safety alerts was regularly discussed and actions were taken where appropriate.</p>	

## 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.	Y*
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y*
<p>Explanation of any answers and additional evidence:</p> <p>We saw copies of meeting minutes where current evidence based practice, for example, NICE guidance was regularly discussed and actions were taken where appropriate.</p> <p>When the practice was closed during the lunch period and after hours there was clear instructions on who to call both in the practice and on the practice website.</p>	

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)	0.84	0.74	0.81	No statistical variation

## Older people

## Population group rating: Good

### Findings

The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. For example, in relation to those patients who are living with moderate and severe frailty

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. For example, the practice used the Eclipse risk stratification tool which enabled the clinical team to understand the needs of their population and manage those at risk.

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.

Home visits for housebound patients who require reviews.

Advanced care plans were in place for those patients that met the criteria.

The practice made use of community teams which included the Integrated Team and Intermediate Care Team to avoid hospital admissions

Access to the 24/7 Home Visiting Services were provided by Derbyshire Health United. The aim was to avoid emergency admissions and attendances to acute care settings.

## People with long-term conditions

## Population group rating: Good

### Findings

Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma, chronic obstructive pulmonary disease.

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. The practice uses the QRISK tool which incorporates an algorithm for predicting cardiovascular risk.

Patients with suspected hypertension were offered ambulatory blood pressure monitoring. Patients were referred to Glenfield Hospital for this monitoring to take place.

Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. The practice used The scoring tool known as the CHA2DS2 Vasc score which refers to the various factors influencing the

risk of stroke

In patients with atrial fibrillation. Atrial fibrillation (AF) is a cardiac arrhythmia with the potential to cause thromboembolism.

For patients with complex needs, the practice works with the relevant healthcare professionals to deliver a multi-disciplinary package of care. This includes advanced care planning for patients with long terms conditions. With the introduction of the new Integrated Teams, they are planning regular MDT meetings

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>	93.0%	79.3%	78.8%	Variation (positive)
Exception rate (number of exceptions).	20.2% (36)	11.4%	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>	79.9%	75.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.9% (14)	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) <small>(QOF)</small>	84.0%	79.4%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.4% (15)	12.7%	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>	79.0%	75.0%	76.0%	No statistical variation
Exception rate (number of exceptions).	6.7% (13)	6.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to	98.0%	87.8%	89.7%	No statistical variation

31/03/2018) (QOF)				
Exception rate (number of exceptions).	2.0% (1)	12.0%	11.5%	N/A
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	86.4%	82.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.2% (22)	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)	83.3%	92.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.5% (2)	5.8%	6.7%	N/A

#### Any additional evidence or comments

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### Families, children and young people

Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were in line with 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.
- All staff were aware of how to recognise signs of abuse in vulnerable children, together with information sharing and documentation of safeguarding concerns.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of	42	44	95.5%	Met 95% WHO based target

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)				(significant variation positive)
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)	32	32	100.0%	Met 95% WHO based target (significant variation positive)
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)	32	32	100.0%	Met 95% WHO based target (significant variation positive)
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)	32	32	100.0%	Met 95% WHO based target (significant variation positive)
<b>Any additional evidence or comments</b>				

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

**Population group rating: Good**

<b>Findings</b>
<ul style="list-style-type: none"> <li>• The practice had systems to inform eligible patients to have the meningitis vaccine, for example Working age and those recently retired.</li> <li>• 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.</li> <li>• Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. Appointments could also be cancelled via text message.</li> <li>• Extended hour appointments were available at the following locations: - <ul style="list-style-type: none"> <li>○ Loughborough Urgent Care Centre at Loughborough Community Hospital, Coalville Community Hospital and Hinckley and Bosworth Community Hospital. These are arranged through the GP practice.</li> </ul> </li> </ul>


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) (Public Health England)	76.2%	77.1%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	81.9%	77.1%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	66.9%	62.8%	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) (PHE)	58.8%	68.6%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	75.0%	57.2%	51.9%	No statistical variation

Any additional evidence or comments

**People whose circumstances make them vulnerable**

**Population group rating: Good**

Findings
<ul style="list-style-type: none"> <li>• End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.</li> <li>• The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Currently the practice did not have any patients registered who were homeless or part of a travelling community.</li> </ul>

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had a system to identify people who misused substances but currently did not have any patients registered.
- The practice had a register of frailty patients who are at risk of hospitalisation. These patients will have an Advanced Care Plan which is reviewed and updated when required.
- The practice did not have any residential or care homes in the area.

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

**Population group rating: Good**

**Findings**

- Assessment and monitoring of the physical health of people with mental illness, severe mental illness, and personality disorder was carried out by a mental health facilitator who regularly attended the practice. Clinics were held which provided 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. The practice used the 6CIT dementia screening tool for this purpose. When dementia was suspected there was an appropriate referral for diagnosis.
- Staff received dementia training every three years.

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) (COF)	100.0%	92.4%	89.5%	Variation (positive)
Exception rate (number of exceptions).	27.3% (6)	37.6%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption	100.0%	93.1%	90.0%	Variation (positive)



has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	27.3% (6)	30.3%	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)	83.3%	79.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	8.1%	6.6%	N/A
<b>Any additional evidence or comments</b>				

## 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)	556.4	533.3	537.5
Overall QOF exception reporting (all domains)	5.6%	5.4%	5.8%

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

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

The practice had a Clinical Audit Plan which was reviewed on a quarterly basis by the GP partners. Since the last inspection in January 2018 eight audits had been completed. Of those four had at least two audit cycles completed.

We reviewed the high risk medicines audits in relation to patients who took Methotrexate. 90% of patients met current guidance and actions had taken place for those patients who needed a further review. The high risk medicines protocol had been updated to reflect current guidance.

We reviewed the audits completed in relation to Minor Surgery and found consent had been recorded for all patients, no patients had experienced an infection and treatment success rate had improved from 75% to 100%.

A review of antibiotic prescribing associated with C Difficile had been audited which looked at individual clinicians prescribing. The practice had seen a reduction in antimicrobial prescribing and it was noted that local guidelines had been adhered to.

The practice was also found to be above the WLCCG average for prescribing of a medicine used for treatment of urinary tract infections. The practice was aware of it and had the Leicester Medical Strategy Group guidelines and NICE guidance to adhere to going forward.

## 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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Not applicable
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y*
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
The practice could not be assured that locum staff had up to date qualifications as their locum protocol stated that basic life support training was required every 18 months rather than every 12 months. Additionally, in one of the locum files we looked at, the practice had not checked that the advanced	

nurse practitioner had relevant qualifications or all required training.

The practice nurse had not attended update training for childhood immunisations. We were told that this was due to her previous records of training not being uploaded onto her current employers training matrix. The practice nurse immediately took action and an update course is planned for 11 February 2019.

The practice nurse had completed e-learning training in regard to cytology screening but had not been to any face to face training since 2015.

The practice had not assured themselves of the competence of locum advanced nurse practitioners.

We saw evidence of regular appraisals and clinical supervision meetings with the practice nurse. One member of staff was overdue an appraisal but we saw this was scheduled for the end of the month.

### 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)	Y
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Not applicable
<p>Explanation of any answers and additional evidence:</p> <p>For patients with complex needs, the practice worked with the relevant healthcare professionals to deliver a multi-disciplinary package of care. This included advanced care planning for patients with long terms conditions. With the introduction of the new Integrated Teams, they were planning regular MDT meetings.</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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	

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>	92.7%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.9% (7)	0.7%	0.8%	N/A

Any additional evidence or comments

## Consent to care and treatment

The practice always obtained / was unable to demonstrate that it 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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence:	

# Caring

**Rating: Good**

## Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	30
Number of CQC comments received which were positive about the service.	28
Number of comments cards received which were mixed about the service.	Two
Number of CQC comments received which were negative about the service.	Nil

Source	Feedback
Patient surveys (30) Feedback from members of the PPG (Two)	Very Good Service, Staff polite and respectful Regular patient. Surgery clean, warm and friendly. Treated well Happy Service. Prompt response. Surgery clean but décor is dated Experience is good. Respectful. Right care and treatment
NHS Choices	4.5 Star Rating from NHS Choices (as from 24 January 2019).

## 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
3498	248	125	50.4%	3.57%

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)	83.0%	90.9%	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)	78.9%	89.2%	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)	91.4%	97.2%	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)	79.8%	85.1%	83.8%	No statistical variation

### Any additional evidence or comments

The practice had done an analysis of the 2018 national patient survey results. Comparison had been made in relation to the 2016 and 2017 national patient survey results. These indicators were above the CCG and national average. Where the practice was below the CCG and national averages actions are being put in place. For example, the section in relation to waiting times were mostly below the average of both the CCG and national average. The practice plan to ask the patient participation group for help in understanding what the issues are around the appointment system.

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

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y*
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff provided patients with information during consultations. Leaflets were also available within the waiting areas. For example, information to support carers, the befriending service available through Age UK.</p> <p>The practice had undertaken a consent audit to ensure patients had received an explanation of the care and treatment they would receive. For example, minor surgery.</p>	

Source	Feedback
Comments cards completed by patients.	<p>I feel I received the right care and treatment</p> <p>Staff well trained and prioritise the care I receive</p> <p>High standard of clinical care</p>



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### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	87.5%	94.9%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>As well as interpretation services being available, the GP partners and some staff members spoke other languages.</p> <p>Information could be provided in large print and for patients with a learning disability, a template provided information in large print as standard and in easy read format.</p>	

Carers	Narrative
Percentage and number of carers identified.	50 Carers. 1.48% of patient population
How the practice supported carers.	Carers information folder in reception. New registration form which includes a question on caring for a family member. The practice also asked patients on an opportunistic basis when they came to the surgery for an appointment. However, the practice did not have a process in place to identify young carers.
How the practice supported recently bereaved patients.	A condolence card was sent to bereaved families and where appropriate they were contacted by one of the GPs.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	N*
Explanation of any answers and additional evidence: Due to the layout of the building it was difficult to ensure confidentiality at the reception desk but the receptionists were aware and made every effort to ensure if a patient wanted to have a discussion in private they were taken to a different area.	

## Responsive

Rating: Good

### Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
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.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence:	
<p>The practice were aware that patients with reduced mobility could have problems accessing the building. They had put a handrail up to the front door and a doorbell for patients to get a member of staff to help them into the waiting room.</p> <p>For patients with complex needs, the practice worked with the relevant healthcare professionals to deliver a multi-disciplinary package of care. This included advanced care planning for patients with long terms conditions. With the introduction of the new Integrated Teams, they plan to have regular MDT meetings.</p>	

Practice Opening Times		
Day	Time	
Opening times:		
Monday	8.30-12.30.	14.00-17.30
Tuesday	8.30-12.30.	14.00-17.30
Wednesday	8.30-12.30.	14.00-17.30
Thursday	8.30-12.30.	14.00-17.30
Friday	8.30-12.30.	14.00-17.30
Appointments available:		
Monday	08:30 - 10:30	15:00 - 17:20
Tuesday	08:30 - 10:30	15:00 - 17:20
Wednesday	08:30 - 10:30	15:00 - 17:20

Thursday	08:30 - 10:30	15:00 - 17:20
Friday	08:30 - 10:30	15:00 - 17:20
Extended hours	<p>These appointments were available in early morning, evenings and weekends at the following locations and could be made through the practice:</p> <p>Loughborough Urgent Care Centre at Loughborough Community Hospital</p> <p>Coalville Community Hospital</p> <p>Centre Surgery, Hinckley.</p>	
	<p>The practice offered a system where patients can choose to make contact by telephone or online.</p> <p>On the day calls were triaged by a GP over the telephone and patients invited in to the practice as appropriate.</p>	

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3498	248	125	50.4%	3.57%

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)	89.2%	95.5%	94.8%	No statistical variation

#### Any additional evidence or comments

The practice had done an analysis of the 2018 national patient survey results. Comparison had been made in relation to the 2016 and 2017 national patient survey results. This indicator was below the CCG and national average but the practice found that when they completed their own patient survey in Q4 of

2018 93% of patients reported were satisfied with the care and consideration given at their appointment.

## 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.
- Same day and pre-bookable appointments, follow-up appointments with named GP when applicable. Same day telephone appointments and Emergency Duty Doctor same day appointments.
- The Practice Nurse visited the housebound patients to administer the annual seasonal flu vaccine and did annual reviews for the housebound diabetic patients.
- Daily home visits and rapid access appointments for the vulnerable patients and those with enhanced needs.
- Groby Surgery utilised the Home Visiting Service (HVS) The aim is to avoid emergency admissions and attendances to acute care settings.
- Staff told us that if families had experienced bereavement a card was sent and if it was appropriate to do so their usual GP contacted them and offered support. There were leaflets available for adults and young people which provided guidance and signposting relevant to those who had suffered a bereavement. For example, signposting to access bereavement counselling. Information was also available through the practice website

## 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: add rating

### 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.

- The practice regularly monitored and reviewed patients who had attended A&E and these were discussed at clinical meetings.
- 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.
- Patients could access extended hour appointments at the following locations: -
  - Loughborough Urgent Care Centre at Loughborough Community Hospital, Coalville Community Hospital and Centre Surgery, Hinckley.

### **People whose circumstances make them vulnerable**

**Population group rating: Good**

#### **Findings**

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice did not register patients who were homeless as they referred them to a specific service in Leicester City.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Learning Disability reviews were undertaken by the GPs at the practice.

**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/ were not 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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention which were triaged by a GP.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Same day appointments were available for children and those patients with medical problems that require same day consultation.</li> </ul>	

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)	77.9%	n/a	70.3%	-
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)	71.9%	67.6%	68.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	67.5%	63.7%	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)	79.8%	76.3%	74.4%	No statistical variation

**Any additional evidence or comments**

The practice had done an analysis of the 2018 national patient survey results. Comparison had been made in relation to the 2016 and 2017 national patient survey results. These indicators were above the CCG and national average. Where the practice was below the CCG and national averages actions are being put in place. For example, the section in relation to waiting times were mostly below the average of both the CCG and national average. The practice plan to ask the patient participation group for help in understanding what the issues are around the appointment system.

Source	Feedback
NHS Choices	<p><b><u>Two satisfied patients.</u></b></p> <p>Been in Groby just over 10yrs, we have been very lucky having had good Doctors where ever we lived, we have found Groby Surgery as good, never been refused an appointment on the day, Doctor will listen, then discuss treatment, friendly and jovial receptionist, Nurses very good (use sharp needles) all in all, a small and friendly Surgery, which leaves us two satisfied patients.</p> <p><b><u>Nice surgery</u></b></p> <p>I have always had good experiences at the surgery, nice friendly staff on reception, always there to help &amp; give advice. More often than not I get to see a doctor when needed. You can't always get an appointment 1st thing but that is the system, not the surgery. Everywhere is the same. Lovely nurses who take blood from me monthly. Overall a lovely surgery.</p> <p><b><u>Always very helpful</u></b></p> <p>I'm a carer for a disabled adult who has multiple health issues, and I deal with all his health appointments. We've been with the Groby surgery for many years, since the days of the wonderful previous doctor. I've always found the receptionists to be very</p>



	helpful. For example, today I needed to make sure that some letters that I'd written would be read by our 'named doctor' before an appointment tomorrow. (The letters contained a lot of background information about two issues that need to be investigated.) The receptionist not only checked to make sure that the letters had been scanned onto the system, but she took the time to send an e-message to the doctor, so that she could read the letters in any spare time that she has today.
Patient feedback	The practice nurse is helpful. I was keen to learn about my new ailments and she was very approachable and understanding.

## 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.	13
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	13
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:  We saw copies of meeting minutes where complaints were regularly discussed and actions were taken where appropriate. The practice maintained a learning log which documented clearly any learning from complaints, actions taken and how the learning had been disseminated.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient was not happy with how referral to MSK clinic had been handled.	Issues with communication by the secondary care provider but also issue with communication identified in the practice. Discussed at staff meeting and training given to staff relating to creating tasks to ensure a clear audit trail.
Patient objected to staff member opening letter addressed to GP and then contacting them regarding repeat prescription.	'Telephone etiquette' training given to staff. Discussed at staff meeting. Patient informed of incoming post process in practice.

## Well-led

Rating: Good

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels. Leaders could 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
At our inspection in May 2017 we rated the practice inadequate for providing a well –led service. At this inspection the practice is rated as requires improvement as governance arrangements still needed further improvement to ensure clinical oversight of the provision of regulated activities.	
At this inspection we found that leaders were knowledgeable about issues and priorities relating to the quality and future of services and participated in external groups to ensure they understood the local changes and challenges.	
A leadership structure was now in place and we were more assured that the GP partners had the necessary experience to lead effectively. They were able to demonstrate overall clinical oversight and capability to deliver high quality care.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Y
The practice had a vision to provide the best they can in safe, evidence based timely and convenient manner to their patients. The practice still had a five-year vision to expand the range of services provided. These included the need for a bigger building and plans to become a GP training practice. Not all staff we spoke with were aware of the vision and strategy but were all in agreement that the practice put the patients at the forefront of everything that took place.	
The practice values were to put patients first and at the heart of what they did whilst listening and	

understanding the needs of their patients without discrimination.  
 Progress against delivery of the strategy was monitored by means of a compliance dashboard.

## Culture

### The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in January 2018 the GP partners had employed a compliance manager so that sustainability going forward would be monitored and a compliance check framework would be put in place. At this inspection we found that the compliance manager was still in post and he had used compliance framework over the past year to ensure the practice have a clear oversight of the governance arrangements in place.</p> <p>Staff we spoke with told us the practice was good place to work. A lot of hard work had taken place since the CQC first inspected in 2017. Staff said there was good morale and team working despite the recent changes and stresses.</p>	

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

Source	Feedback
Staff member	The practice had made great improvements since the CQC first inspected in 2017. It was a nice place to work

## Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management. The overall governance arrangements were ineffective.**

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>At the inspection in January 2018 we found that the practice had a governance framework in place to support the delivery of care. However, we were not assured the GP partners maintained an oversight of this framework and we found that work to further improve the governance arrangements in place was ongoing.</p> <p>At this inspection we found that structures, processes, and systems to support good governance and management were clearly set out, understood and well embedded.</p> <p>Staff were now clear on their roles and accountabilities in regard to infection prevention and control.</p> <p>Systems were in place to enable staff to report and record significant events. DATIX had been reviewed and an action plan was in place.</p> <p>There was an effective system in place to safeguard service users from abuse and improper.</p> <p>Patients' health were monitored in a timely manner to ensure medicines were being used safely and followed up on appropriately.</p> <p>There were more detailed checklists for emergency medicines and equipment</p> <p>Infection control actions had mostly been completed.</p> <p>Recruitment processes and records were more detailed and complete</p> <p>Prescription pad security was more effective.</p> <p>Policies and procedures were in place to provider guidance to staff except for nurse protocols.</p> <p>We saw copies of meeting minutes where clinical and staff meetings had taken place every month and actions were taken where appropriate. Learning events from significant event analyses and complaints were discussed and documented in the monthly staff meetings.</p>	

### **Managing risks, issues and performance**

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A service continuity plan was in place and staff were aware of their role. For example, in regard to fire safety and a medical emergency.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We found the practice had an embedded process in place to identify, understand, monitor and address current and future risks including risks to patient safety. A risk register had been commenced. Plans were in place to add all the risks monitored in the practice to this risk register which would be reviewed on a regular basis.</p> <p>There was a system for receiving and acting on safety alerts. The practice responded appropriately to medicines alerts, medical device alerts, and other patient safety alerts, and we saw records of the action taken in response to these.</p> <p>The practice manager had oversight of significant events, incidents and complaints.</p> <p>There was a system in place for the management of high risk medicines.</p>	

### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>The practice reviewed their clinical performance in relation to payment streams such as the Quality and Outcomes Framework. In this respect the practice was found to be effective achieving 98% of the points available.</p> <p>We saw evidence that the national patient survey data for July 2018 had been reviewed and actions put in place to improve the areas of concerns identified by the patients registered at the practice. The practice had also carried out their own survey and had an action plan in place to also address the areas of concerns raised by patients.</p>	

The practice held a variety of meetings where quality and sustainability were discussed and relevant staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	

### Feedback from Patient Participation Group.

Feedback
We spoke with two members of the PPG. They told us they currently have six members and meet bi-monthly at the GP practice. The group described themselves as in the older age range and planned to try again this year to encourage younger members to join. The group had carried out a patient survey for the third year running and had supported the practice at the annual flu campaign clinics. Discussions were taking place regarding extra signage for the practice and this was ongoing on the day of the inspection.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y*
Explanation of any answers and additional evidence: Clinical audit plan was now in place. Audits demonstrated learning that learning had taken place. The practice continued to work with the CCG to ensure antimicrobial prescribing was in line with national guidance.  Significant event raised when the practice had an issue with the Cold Chain, Action had been taken in line with national guidance and learning had been shared to all staff.	



**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

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.