

Care Quality Commission

Inspection Evidence Table

Kingsbury Court Surgery (1-569475140)

Inspection date: 9 January 2019

Date of data download: 10 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 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
Policies were in place 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.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place 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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>Monthly clinical meetings were held with the local community teams, including health visitors, to ensure that information was shared appropriately. The midwife operated a weekly clinic from the surgery. Safeguarding information received was added to patient's clinical notes during these meetings meaning that clinical records were up-to-date.</p> <p>Children who attended A&E did not routinely receive follow up from the practice. This could mean safeguarding concerns were not identified.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y

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: Aug 2018	Y
There was a record of equipment calibration. Date of last calibration: March 2018	Y
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: Feb 2018	Y
There was a log of fire drills. Date of last drill:	N
There was a record of fire alarm checks. Date of last check: Jan 2019	Y
There was a record of fire training for staff. Date of last training: Dec 2018	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: Nov 2018	Y
Actions from fire risk assessment were identified and completed.	N
Explanation of any answers and additional evidence: There had been no fire drills completed since 2016. Shortly after the inspection, the practice provided evidence that a fire drill had been conducted. A fire risk assessment had been completed. However, there was no action plan or actions that had been highlighted. There was no assessment that fire drills should be completed. Following the inspection, the practice told us that they had contacted the fire service who had advised that a recent evacuation due to a power outage could be used as an example of a fire drill.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	N
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: various risk assessments had been completed in 2018.	Y
Explanation of any answers and additional evidence: The practice was aware that a security risk assessment was needed and this had been discussed at a previous practice meeting. However, it had not been actioned at the time of inspection. Following the	

inspection, we received evidence that a security risk assessment had been conducted.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not met.

	Y/N/Partial
An infection risk assessment and policy were in place.	N
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: No infection control audit had been completed.	N
The practice had acted on any issues identified in infection prevention and control audits.	N
The arrangements for managing waste and clinical specimens kept people safe.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The infection control policy was not practice specific and did not include details around waste collection, sharps management, communicable diseases or audit schedules.</p> <p>Staff were aware of how to safely manage waste and clinical specimens and were given training during induction. However, there was no policy or procedure regarding these processes. Following the inspection, we received evidence of an infection control policy, action plan and audit templates which had been revised following our inspection.</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.	Partial
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 in place 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>GP locums were used on a regular basis. The practice understood that regular use of locum GP's was not sustainable. Following an incident, one of the GP partners was working in a non-clinical capacity in the practice. This was having an effect on staffing levels and appointment availability. Non-clinical staff and nursing team absences were managed effectively.</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 Workflow optimisation team consisted of clinical staff that reviewed all correspondence and referrals into the surgery within 48 hours. They were able to divert 96% of correspondence away from the GP's by booking blood tests or follow up appointments directly with the patient. All urgent correspondence or medication changes were directed towards the GP's.</p>	

Appropriate and safe use of medicines

The practice did not have adequate systems in place for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - (NHSBSA)	1.04	1.00	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)	8.4%	8.2%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	N
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.	N
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	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.	N
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	N
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	N
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	n/a

Medicines management	Y/N/Partial
checks and disposal of these medicines, which were in line with national guidance.	
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
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.	N
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.	Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	N
<p>Explanation of any answers and additional evidence:</p> <p>Patient Group Directions (PGD's) were not signed by each nurse that administered vaccinations and immunisations. Following the inspection, we were told that the practice had audited PGD's and found that three had not been signed by all clinical staff. The practice told us this had been completed following the inspection.</p> <p>There was no system of formal clinical supervision for non-medical prescribers and prescribing rates were not monitored or audited. Ad-hoc support for non-medical prescribers was available from the GP partners and staff told us they were approachable. Following the inspection, we received evidence that an audit had been completed for non-medical prescribing practices following our inspection.</p> <p>We found that 52% of people with repeat medicines prescribed had not had a medicine review prior to re-prescribing in the last twelve months.</p> <p>Medicines that required additional monitoring- blood test results for patients prescribed high risk medicines were not recorded in the patient computer record prior to the medicine being prescribed. There were 120 patients on medicines that required additional monitoring. Only two patients had blood results on the computer record. We checked two of these patients and the blood results were available on the hospital system. However, these results had not been transferred to the patient's clinical notes or reviewed by a GP prior to prescribing. GP's reported that although they prescribed the warfarin, the dose was managed by the anticoagulant team.</p> <p>Emergency Medicines – The practice did not hold all recommended emergency medicines, including medicines for epileptic or diabetic emergencies. There was no risk assessment in place to support the decision not to hold these drugs. Shortly after the inspection, evidence of a risk assessment was supplied however, it was not reflective of the medicines we found on the day of inspection.</p> <p>All emergency medicines and oxygen we checked were in date however, there was no documentation to support that this was checked regularly. There was an onsite defibrillator that was checked sporadically. Following the inspection, we were told a system had been implemented to ensure that the oxygen and defibrillator were checked regularly.</p> <p>There were some gaps in the records of the vaccination fridge temperature checks to support the appropriate use of the cold chain. Records showed that most weeks included at least one day where temperatures had not been checked. Digital monitoring systems were in place however, this data was only downloaded once a month. Following the inspection, we were told that the system for monitoring</p>	

Medicines management	Y/N/Partial
vaccination fridge temperatures had been reviewed.	

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:	5
Number of events that required action:	5
Explanation of any answers and additional evidence: The practice held a log of significant events and the learning taken from them. Significant events were discussed at practice meetings that were attended by both clinical and non-clinical staff. Staff were aware of how to escalate significant events to the management team.	

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

Event	Specific action taken
A patient's relative had telephoned the surgery and this was logged in a message book. These messages were not accessed by all staff causing confusion and frustration	Telephone messages were now entered into the patient's clinical notes and therefore immediately available to all necessary staff.
Data breach – one set of patient information was attached to another patient's record	Staff were reminded to be vigilant regarding patient's paper records. This was discussed at the practice meeting.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: Safety alerts were sent to clinical staff for action however, there was limited oversight of what actions had been taken. However, we checked a sample of clinical records and all safety alerts had been followed.	

Effective

Rating: Requires Improvement

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.	Partial
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
Explanation of any answers and additional evidence: The practice had created an electronic NICE guidelines folder to ensure these were easily accessible to all clinical staff. Medication reviews were not always completed prior to prescribing repeat medicines. 52% of patients who had received repeat medications in the last twelve months had not received an annual medication review.	

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)	0.73	0.90	0.81	No statistical variation

Older people

Population group rating: Requires Improvement

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. These patients received home visits as necessary from the nursing team. Patients on the frailty

register were discussed with local community teams and the monthly multidisciplinary meeting.

- The practice matron regularly followed up on older patients discharged from hospital. It ensured that 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.
- The practice did not offer health checks to patients over 75 years of age as they had not yet commenced the programme. They did not offer an alternative service.
- Older people and those on the frailty register were offered flu vaccinations and opportunist health promotion.

People with long-term conditions

Population group rating: Requires Improvement

Findings

Add finding here (for example):

- Patients with long-term conditions had a structured annual review to check their health 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.
- The surgery followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- GP partners conducted community talks at local venues to raise awareness of long term conditions and how they can be managed.

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)	79.0%	79.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	18.6% (89)	15.8%	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	64.9%	75.6%	77.7%	No statistical variation

mmHg or less (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	13.8% (66)	13.7%	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)	83.0%	82.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	16.7% (80)	15.6%	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)	72.0%	76.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.0% (15)	8.0%	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)	89.2%	90.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	19.1% (35)	13.8%	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)	79.4%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.1% (74)	5.1%	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)	86.8%	92.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.2% (6)	5.0%	6.7%	N/A

Families, children and young people

Population group rating: Requires Improvement

Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. The practice was aware of this and had started to translate letters into different languages in order to increase uptake.
- 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 did not have arrangements to routinely follow up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Young people could access services for sexual health and contraception. Chlamydia testing kits were available in-patient toilets.

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)	74	77	96.1%	Met 95% WHO based target (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)	87	99	87.9%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	88	99	88.9%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	88	99	88.9%	Below 90% minimum (variation negative)

Working age people (including those recently retired and students)

Population group rating:
Requires Improvement

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. However, numbers of eligible patients that had had health checks were low, with only 15% of eligible patients having received health checks. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat prescriptions without the need to attend the surgery.
- Texting systems are used to remind patients of appointments in an aim to reduce patients not attending appointments.

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)	70.1%	74.4%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	72.6%	70.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	53.9%	55.4%	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)	41.9%	61.2%	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)	56.0%	55.2%	51.6%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

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.
- Mortality reviews are held with the local community teams to ensure best practice and learning.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances, however there was only two identified patients.
- The practice reviewed young patients at local residential homes.
- Clinical records for vulnerable people are highlighted to ensure all relevant staff are aware.

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

**Population group rating:
Requires Improvement**

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.
- The system for following up patients who failed to attend for administration of long-term medicine was not effective. There were several uncollected prescriptions including antidepressant medicines that had not been identified. We saw that one patient who had not collected a prescription for an antidepressant medicine had also failed to attend their next appointment and this had not been followed up.
- 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.
- All staff had received dementia training in the last 12 months.
- The practice hosted a weekly psychiatric nurse clinic that all clinicians could refer to.
- 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.
- The practice had been proactive in liaising with the local psychiatric services and had a good awareness of services and referral options.

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)	92.6%	89.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.0% (3)	20.0%	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)	84.6%	91.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	13.3% (4)	17.0%	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)	77.4%	84.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.5% (4)	8.3%	6.6%	N/A

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided however, there was limited evidence of monitoring prescribing practices.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	530.57	-	537.5
Overall QOF exception reporting (all domains)	6.6%	6.4%	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.

There was some evidence of clinical audit including the use of antibiotics and antipsychotics. However, there was not a structured programme of audits in place. There was a lack of audit around prescribing of non-medical prescribing or controlled drug prescribing.

An audit was completed in October 2018 to look at patients who were prescribed certain medication for cardiac conditions. The audit recommended that blood results would be requested appropriately and medicine reviews would be undertaken for these patients. The second cycle of the audit ensured that all recommended actions had been completed.

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.	Y
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. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence: There was no clinical supervision for nurses or healthcare assistants. There was no monitoring of nurse prescribing or audit of their practice.	

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	Y

services.	
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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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had been proactive in seeking opportunities for social prescribing. They had previously referred a large number of patients to social prescribing schemes that were now closed. They were working with local social prescribing and wellbeing champions to offer wellbeing appointments at non-clinical locations.</p>	

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)	95.9%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (17)	1.0%	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.	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: At the time of inspection there was no consent policy however, this was provided shortly after the inspection.	

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.	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: The patients that we spoke with on the day reported that staff treated them with respect and kindness.	

CQC comments cards	
Total comments cards received.	4
Number of CQC comments received which were positive about the service.	1
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC Comment Cards	Patients reported that GP's and nurses were helpful and supportive.
Patient Feedback	We spoke with six patients on the day of inspection. Patients told us that they had received good care from clinicians and felt involved in their care and treatment.

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
8789	265	96	36.2%	1.09%

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)	88.4%	88.7%	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)	87.2%	85.8%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	93.7%	95.7%	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)	78.9%	82.6%	83.8%	No statistical variation

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

Any additional evidence
The practice was aware of their patient survey scores and welcomed patient feedback. There was a very active patient participation group (PPG) that met on a quarterly basis. The PPG are also represented at the locality network meeting where the needs of the local population are discussed. The PPG have helped improve the electronic prescribing service by reporting issues and ensuring it was user friendly.

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

Source	Feedback
Interviews with patients.	Patients we spoke with on the day told us they were involved in their care and had any changes explained to them clearly.

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)	90.9%	92.7%	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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 69 carers which was 0.8% of their practice population
How the practice supported carers.	The practice had produced a carers pack with information available to carers. At the time of our inspection, the practice did not have a carers champion. New patient registrations asked if the patient had any caring responsibilities.
How the practice supported recently bereaved patients.	Bereaved patients were offered support from the GP's and referred to bereavement services as necessary.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Requires Improvement

We found that the issues affecting access to the service and the way complaints were managed affected all population groups and so we have rated all population groups as requires improvement.

Responding to and meeting people's needs

The practice did not always organise and deliver services to meet patients' needs

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Partial
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.	Partial
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: The practice used locum GP's on a regular basis and patients told us that this resulted in inconsistent patient care. The practice used remote working arrangements for some staff, including the workflow optimisation team, to reduce strain on space within the practice. The provision for the whole practice was two pre-bookable routine appointments a day. Patients on the day told us that there were difficulties booking appointments in advance.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm with telephone consultations until 8pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8789	265	96	36.2%	1.09%

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%	94.1%	94.8%	No statistical variation

Older people Improvement

Population group rating: Requires

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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice matron conducted a home visiting service for patients on the frailty register.
- All patients requesting a home visit were telephoned by the GP prior to visiting.

People with long-term conditions Improvement

Population group rating: Requires

Findings

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

Families, children and young people

**Population group rating:
Requires Improvement**

Findings

- The practice provided 'drop-in' baby immunisation clinics that were at the same time as the midwife clinics to aid communication. Appointments for immunisations were also available during normal clinics for those unable to attend at this time.
- We found there were ineffective systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children who were not brought in for appointments or who had high number of A&E attendances were not routinely followed up.
- All parents or guardians calling with concerns about a child were offered a same day appointment where necessary.
- Children on the safeguarding list or who had a protection plan were flagged on the computer system.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice had identified that it's practice population was becoming younger in age. The practice used online booking and text messaging services to allow flexibility of engagement.
- The practice offered telephone appointments up to 8pm on a Monday for those patients unable to access the practice at other hours.
- Patients told us that they sometimes had difficulty getting an appointment with a named GP.

People whose circumstances make them vulnerable
group rating: Requires Improvement

Population

Findings

- The practice held a register of patients living in vulnerable circumstances for example those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability including lengthened appointments or home visits.
- All patients with a safeguarding risk were highlighted on the computer system and given priority appointments.

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 PPG was proactive in making the practice 'dementia friendly'. For example, carpets had been changed in colour to make them easier to see and signage had been simplified.
- The practice had high numbers of referrals to memory clinics for diagnosis of dementia.

Timely access to the service

People 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.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: Most appointments were available to be booked on the day. Two appointments a day were pre-bookable up to eight weeks in advance.	

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)	74.2%	68.9%	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)	67.8%	67.0%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	69.9%	62.1%	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)	68.5%	72.3%	74.4%	No statistical variation

Any additional evidence or comments

The practice was aware that it had a limited number of GP appointments that were not sufficient for the practice population. The practice used locums on a regular basis. The practice told us they were actively trying to recruit a further salaried GP and were using recruitment fairs and advertising in order to recruit. We saw evidence of this advertising. This affected all population groups.

Source	Feedback
CQC comment cards	Comments included long wait times to see a named GP and inconsistent care with use of locums.
Patient Feedback	Patients we spoke with on the day told us that they found it hard to make an appointment to see a GP and pre-bookable appointments were often not available without a long wait. They told us that it could be difficult to contact the practice by telephone and there was no telephone queuing system.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	6
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice did not send written information or responses to complainants. There was no information within the practice complaints policy regarding how to escalate a complaint to the Parliamentary and Health Service Ombudsman and this information was not available to patients.</p> <p>All complaints were discussed at practice meetings that were attended by both clinical and non-clinical staff.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint from patient regarding a lack of physical examination during consultation	All clinical staff were reminded to take a full medical history and complete examinations for all patients.
Complaint from patient regarding difficulty in booking telephone appointment in advance	Increased patient education regarding appointment booking system.

Well-led Improvement

Rating: Requires

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.	Partial
They had identified the actions necessary to address these challenges.	Partial
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	N
<p>Explanation of any answers and additional evidence:</p> <p>The practice understood that the main challenge they faced was regarding GP availability and access for patients. They had plans in place to assist recruitment. Some actions had been identified, such as recruiting additional staff however, these had not all been implemented.</p> <p>Staff reported that the management team was approachable and would listen to suggestions or concerns.</p> <p>There was no programme of supervision for non-medical prescribers.</p>	

Vision and strategy

The practice had a clear vision and strategy to provide high quality sustainable care, however this was not always effective.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice understood that regular use of locum GP's was not a sustainable way to increase access for patients. Following an incident, one of the GP partners was working in a non-clinical capacity in the practice. This was having an effect on appointment availability.</p>	

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.	N
<p>Explanation of any answers and additional evidence:</p> <p>The practice whistleblowing policy had not been reviewed or updated since 2015. However, the staff understood how to raise concerns and felt they would be supported with this. Following the inspection, we received evidence that this policy had been reviewed and updated.</p>	

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

Source	Feedback
Staff feedback	Staff told us they enjoyed working at the practice. They told us that they felt supported and worked well as a team. Staff felt able to seek advice or support from the management team and there was an open-door policy.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Governance structures were discussed at clinical meetings however, there was no governance policy in place and no formal review of governance structures. There was not a structured review of policies and procedures. Following the inspection, we received evidence that a governance policy had been developed.</p> <p>There was no oversight of medicines management which has led to inadequate monitoring of patient's medicines. The practice was not able to assure us that medicines were prescribed safely.</p>	

Managing risks, issues and performance

There were some processes for managing risks, issues and performance however, they were not always effective.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Partial
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence: The practice had completed risk assessments for some areas, including health and safety however, there was no security risk assessments in place. The fire risk assessment needed strengthening and there was no associated action plan. Risks associated with infection control had not been mitigated. Organisational audits had been completed around the workflow optimisation systems and correspondence management. This showed that the workflow system was diverting correspondence away from the GP partners appropriately. There were some clinical audits in place however these were not two-cycle audits and the practice was unable to demonstrate impact on patient care following these audits.</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
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
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: Staff told us of suggestions they had made that had been implemented and improved service delivery. For example, the inclusion of non-clinical staff into practice meetings had improved communication. However, meeting minutes from administration meetings were handwritten and not circulated to staff.	

Feedback from Patient Participation Group.

Feedback
The patient participation group had been very active within the practice. The group contained 22 members and they met on a bi-monthly basis. They had made suggestions, around availability of pre-booked appointments and this had been implemented by the practice.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: Clinical and practice meetings were held regularly to share improvements and discuss learning. These were attended by both clinical and non-clinical staff, following a suggestion from 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 practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

	Variation 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.