

Care Quality Commission

Inspection Evidence Table

Maples Family Medical Practice (1-545243728)

Inspection date: 5 February 2019

Date of data download: 22 January 2019

Overall rating: Inadequate

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

Safe

Rating: Inadequate

Safety systems and processes

The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Partial
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	No
There was active and appropriate engagement in local safeguarding processes.	No
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	No
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>There were no designated safeguarding meetings and the practice told us they had unsuccessfully invited some Allied Health Professionals to attend meetings as they had not responded.</p> <p>Following our inspection, the practice sent evidence that they had contacted allied health professionals to organise meetings going forward.</p> <p>Current and up to date registers were not in place.</p> <p>Although concerns were discussed at clinical meetings, no entry was made in the patient record which meant that other health professionals may not be aware of an issue or any discussions.</p> <p>There was no system to check on children who had not been taken to hospital appointments.</p> <p>Not all staff were trained to the appropriate level of safeguarding and not all staff had received safeguarding training within the last three years.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Recruitment files of more recently appointed staff contained all necessary information but older files had some information missing. Not all relevant information was available relating to a locum employed by the practice.</p> <p>We reviewed staff files and spoke with the Operations Manager and found that there was not an effective system to ensure staff who had direct contact with patients were up to date with their routine immunisations.</p> <p>Evidence of medical indemnity insurance was not available for all staff on the day of our inspection.</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:	Yes 01/02/2019
There was a record of equipment calibration. Date of last calibration:	Yes 01/02/2019
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	No*
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes 03/07/2018
There was a log of fire drills. Date of last drill:	Partial*
There was a record of fire alarm checks. Date of last check:	Yes 03/02/2019
There was a record of fire training for staff. Date of last training:	No*
There were fire marshals.	Yes*
A fire risk assessment had been completed. Date of completion:	Yes 26/03/2013
Actions from fire risk assessment were identified and completed.	No
<p>Explanation of any answers and additional evidence:</p> <p>A risk assessment relating to liquid nitrogen was completed and sent to us following our inspection.</p> <p>There were two fire marshals, however they had not received training for the role.</p> <p>A fire risk assessment had been undertaken in 2013 and a number of actions identified. There was no evidence these had been completed. For example, the risk assessment identified that staff had not received fire training since induction and recommended annual fire training but this had not been implemented. It also recommended at least annual fire drills and since the risk assessment there had been one fire drill recorded in 2015 and we were told one had been carried out on 04/02/2019, evidence of which was provided following our inspection. The practice also provided documents titled 'fire safety maintenance checklists' following our inspection which were dated March and September 2018. These did not address the issues identified in the 2013 risk assessment and it stated on the document that it should not be used as a substitute for a fire risk assessment.</p>	

Health and safety	Y/N/Partial
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Premises/security risk assessment had been carried out. Date of last assessment:	Partial* N/A
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: N/A	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We saw two risk assessments, one relating to unauthorised access to the premises and one relating to DBS checks for reception staff. There were no other risk assessments available on the day of our inspection. Following our inspection, the practice carried out and sent us a risk assessment dated 06/02/2019 covering some areas with proposed completion dates for identified actions.</p> <p>A legionella risk assessment had been carried out on 12/03/2015. This had rated the practice as a high risk. The assessment had not been reviewed and all control measures had not been implemented to mitigate the risk. We saw evidence that the practice had booked a further risk assessment with an external company.</p> <p>There was no gas safety certificate available.</p> <p>A lift had been installed at the practice in 2008. There had been no maintenance or servicing of the lift since installation. Following our inspection, the practice provided evidence that a contract for six-monthly servicing of the lift had been arranged.</p>	

Infection prevention and control

Systems to support appropriate standards of cleanliness and hygiene were not in place.

	Y/N/Partial
There was an infection risk assessment and policy.	Partial
Staff had received effective training on infection prevention and control	No
Date of last infection prevention and control audit:	None
The practice had acted on any issues identified in infection prevention and control audits.	No
The arrangements for managing waste and clinical specimens kept people safe.	Partial
Explanation of any answers and additional evidence:	
There was an undated infection control policy but no risk assessment.	
Staff including the infection control lead had not received training.	
No audits relating to infection control had not been undertaken.	
The external clinical waste bin was accessible from the practice car park and in sight of the road. Although it was locked it was not secured in line with national guidance.	
There was no system in place for oversight of the quality of cleaning of the practice by an external contractor. Following our inspection, the practice provided evidence of audits of cleaning carried out by the external contractor.	
There was no protocol in place for cleaning of the treatment room in respect of minor surgery.	
Most of the practice was carpeted and there was no evidence of deep cleaning of the carpets. We saw evidence that the practice planned to replace carpets with hard flooring.	

Risks to patients

There were gaps in the systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Partial*
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely	Yes*

unwell patient and had been given guidance on identifying such patients.	
There was a process in the practice for urgent clinical review of such patients.	Yes*
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice told us there was a buddy system in place to cover staff shortages and they used support from the federation when necessary. Also, staff who had previously worked at the practice had returned to cover absence. The practice were in the process of upskilling staff to increase efficiency and cover absences.</p> <p>We saw there was an induction process in place for new staff. There was no formal induction process for locums and no locum pack available. We were told induction had taken place but had not been recorded and the operations manager told us they had plans to introduce a locum pack and record their induction.</p> <p>There was a process in place during the sit and wait clinic to identify acutely ill patients on their record so that clinicians could prioritise them.</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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence:	

Appropriate and safe use of medicines

The practice did not always have 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>	1.21	0.98	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) <small>(NHSBSA)</small>	9.1%	9.5%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	No
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	No
There was a process 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.	No
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	No
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks	N/A

Medicines management	Y/N/Partial
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.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes*
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes*
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	No
<p>Explanation of any answers and additional evidence:</p> <p><u>Prescription security</u></p> <p>The provider did not act in accordance with national guidelines in respect of prescription security. We found there was no system in place to log prescriptions coming in to the practice or track prescriptions through the practice. The room where boxes of blank prescriptions were stored was unlocked. Following our inspection, the practice informed us they had implemented a system to track prescriptions and that boxes of blank prescriptions were now stored securely.</p> <p><u>Non-medical prescribers</u></p> <p>The provider did not have a formal system to assure them of the prescribing competence of non-medical prescribers or regular review of their prescribing practice. Following our inspection, the practice told us they would discuss nurse consultations at clinical meetings going forward.</p> <p><u>High risk medicine prescribing</u></p> <p>The system for repeat prescribing of high-risk medicines was not clear and lacked clinical oversight.</p> <p>The practice had not ensured that blood monitoring was being carried out in accordance with national and local guidance. We saw examples where information from secondary care providers regarding frequency of monitoring was not being followed. There was not an effective system in place to identify when monitoring was next due. The operations manager showed us that they were in the process of implementing a recall system and we were told that a new system had been introduced for processing letters which would ensure correct monitoring was identified.</p> <p>The practice had over 200 patients with hypothyroidism and who were prescribed thyroxine. There was no system to check if this cohort of patients had received thyroid function tests at recommended intervals.</p> <p>We saw examples where medicines which had been initiated in secondary care had not been added to patient records which meant that clinicians may not have been aware of highlighted interactions. We were told that a new system had been introduced for processing letters which would ensure correct monitoring was identified and that medication details were added to patient records. The operations manager showed us a form which had been introduced in December 2018 relating to new shared care agreements. However, at the point of our inspection, the clinical oversight of this was not clear.</p>	

Antibiotic prescribing

The practice were aware that they were higher than the local and national average in respect of antibiotic prescribing and had carried out an audit and implemented an action plan to reduce antibiotic prescribing.

Emergency medicines and equipment

Emergency medicines and equipment were checked monthly. National guidance suggested that resuscitation equipment should be checked at least weekly.

Vaccine storage

In respect of vaccine storage, we found a lack of awareness about the cold chain process. There was one refrigerator in the practice and this was overstocked which may not have allowed air to circulate adequately. Staff we spoke with were not aware of a cold chain policy and not aware of the correct procedure if the refrigerator temperature went out of range. We saw there was a secondary thermometer in the refrigerator but this did not appear to be in use and there were no records available of its use for monitoring the refrigerator temperature.

Following our inspection, the practice sent evidence that they had ordered a second refrigerator and sent a local CCG cold chain policy which they told us they used. However, information on the day of inspection showed that this had not been followed.

Uncollected prescriptions

We found there was no protocol relating to the monitoring of uncollected prescriptions. During the inspection we saw that a prescription dating back to October 2018 had been returned from the pharmacy as uncollected. The prescription was for an anti-depressant for a patient with poor mental health. There was no process to identify this or bring it to the attention of the prescribing GP.

Track record on safety and lessons learned and improvements made

The practice did not always learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Partial
Staff knew how to identify and report concerns, safety incidents and near misses.	No
There was a system for recording and acting on significant events.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Partial
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	17
Number of events that required action:	9
<p>Explanation of any answers and additional evidence:</p> <p>There was a system in place for reporting significant events and a number of external significant events had been raised and actions taken. However, we found that the system was not clear, there was a lack of understanding of the full reporting process and inconsistencies between the significant event policy and the process observed. For example, the policy identified a review of significant events to ensure actions implemented were effective but this had not happened.</p> <p>Staff we spoke with gave two examples of an incident or event which should have been reported as a significant event and had not been. For example, missed two-week wait referrals and a patient suffering anaphylaxis in the car park. Although the second event had not been reported, learning had been identified and implemented as a result.</p> <p>We were provided with a spreadsheet of significant events which had occurred in the last 12 months but there was also a folder of significant events kept in reception, some of which were not included on the spreadsheet.</p> <p>Themes were not identified. For example, we saw three reports of significant events which related to missing controlled drug prescriptions within the practice. There was no documentation to show that consideration had been given to reviewing the process or protocol to ensure the issue was not repeated.</p>	

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

Event	Specific action taken
Prescription for controlled drug not found after printing.	A reminder was sent to the GPs regarding putting controlled drug prescriptions in a folder rather than prescription basket to avoid them being collected without being signed for.
A controlled drug prescription was	Actions related to the pharmacy not the practice.

<p>missing. The pharmacy requested a reprint which was actioned by the practice. The missing prescription was found on the street by a member of the public and returned to the practice.</p>	<p>The pharmacy delivery driver was given a wallet to keep prescriptions in.</p>
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There was a clear system to deal with safety alerts but a lack of discussion at clinical meetings. The practice told us they would add this to meetings as an agenda item.</p>	

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: We saw that clinicians had access to several links on computers to various guidance, including NICE, prescribing guidance and sepsis guidance. Clinicians used dual screens to view these at the time of consultation.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.48	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.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Requires improvement

Findings

- The system used to recall patients with long-term conditions for a structured annual review to check their health and medicines needs were being met was not effective. The operations manager was in the process of developing a new recall system to address this.
- 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 practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	69.5%	79.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.4% (53)	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>	65.6%	74.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.2% (47)	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>	64.7%	79.3%	80.1%	Variation (negative)
Exception rate (number of exceptions).	11.4% (58)	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>	83.0%	74.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	12.3% (84)	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 31/03/2018) <small>(QOF)</small>	87.1%	87.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	17.4% (36)	12.0%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	78.1%	82.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.3% (31)	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)	96.0%	92.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.9% (6)	5.8%	6.7%	N/A

Any additional evidence or comments

Families, children and young people

Population group rating: Requires improvement

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 did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	115	118	97.5%	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) <small>(NHS England)</small>	100	101	99.0%	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) <small>(NHS England)</small>	100	101	99.0%	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) <small>(NHS England)</small>	101	101	100.0%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. We were told that 20% of patients had signed up for online services and it was a focus for the coming year to increase the uptake.

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)	76.5%	76.9%	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)	70.8%	77.1%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	65.5%	62.4%	54.5%	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)	65.0%	67.6%	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)	65.6%	57.0%	51.9%	No statistical variation

Any additional evidence or comments

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. Homeless people were directed to a specific service in Leicester City.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.
- The practice had patients who were resident in a local home for those with acquired brain injuries and carried out weekly ward rounds.
- The practice provided general medical services to women and children at a local women's refuge. These patients were always offered same day appointments.

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

Population group rating: Requires improvement

Findings

- The practice had higher than average exception reporting for some indicators relating to people experiencing poor mental health.
- 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.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice hosted a mental health facilitator and Let's Talk Wellbeing Therapists (Improving Access to Psychological Therapies [IAPT]) to provide local access to these services for patients.
- Staff had not received dementia training.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	92.6%	89.5%	Variation (positive)
Exception rate (number of exceptions).	68.6% (48)	37.6%	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)	100.0%	93.3%	90.0%	Variation (positive)
Exception rate (number of exceptions).	65.7% (46)	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)	88.9%	79.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	10.0% (9)	8.1%	6.6%	N/A

Any additional evidence or comments

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Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	522.5	532.8	537.5
Overall QOF exception reporting (all domains)	5.6%	5.3%	5.8%

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

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

A one cycle audit had been carried out regarding subdermal implants (Nexplanon). This was to quantify the number of patients who had premature removal of subdermal implants and the reasons why. In addition, whether there had been any complications associated with Nexplanon insertion, removal or use. An improvement as a result of the audit was to routinely provide a written patient information leaflet.

A minor surgery audit had been carried out to assess pre-operative diagnoses and post-operative histology results, including whether appropriate lesions were being removed/biopsied in the surgery and if there were any complications such as wound infection. The audit concluded that all minor surgeries had been appropriate with no complications.

The practice carried out after death audits of all patients to identify any learning. We saw evidence of regular discussion of these audits at clinical meetings.

Any additional evidence or comments
We saw that audits were discussed at partners meetings or clinical meetings.

Effective staffing

The practice was unable 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.	Partial
The practice had a programme of learning and development.	Partial
Staff had protected time for learning and development.	Partial
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	No
Explanation of any answers and additional evidence:	
There was not a structured approach to training . For example, we found that staff had not received fire training, infection control training or information governance training. In some cases, other training was not up to date or not at the correct level. However, nurses had received specific training relevant to their roles.	
The practice told us that they were in the process of upskilling some staff but overall there was not a system to assess the learning and development needs of staff. A limited number of appraisals had been completed in the last year and those we reviewed did not include a personal development plan or learning needs assessment. Some staff had not had an appraisal since 2003.	
We were told oversight of the advanced nurse practitioner was maintained by appraisal and mentoring but there was no structured review of nurses' clinical decision making.	

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)	Partial
We saw records that showed that all appropriate staff, including those in different teams	Yes

and organisations, were involved in assessing, planning and delivering care and treatment.	
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
<p>Explanation of any answers and additional evidence:</p> <p>On the day of our inspection although we saw evidence of discussion of palliative care patients, the register was not available. We were told following our inspection it was stored in the shared drive of the practice computer system. There were no minutes of meetings and no entry in the patient record of the discussion which meant that other health professionals may not have been aware of all relevant information. The practice told us that going forward they would make an entry in the patient record of discussions.</p> <p>The practice proactively carried out after death audits and we saw that these were discussed at clinical 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice signposted to a 'Family Lifestyle Club'. This was a local programme run by NHS Dietitians and physical activity leaders intended for overweight children and their families with education about a healthier lifestyle.</p> <p>The practice used hand-held spirometers to support opportunistic smoking cessation advice.</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) <small>(QOF)</small>	100.0%	95.0%	95.1%	Significant Variation (positive)
Exception rate (number of exceptions).	0.4% (10)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: We saw evidence of appropriate consent being gained in respect of summary care records and care plans.	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	40
Number of CQC comments received which were positive about the service.	31
Number of comments cards received which were mixed about the service.	8
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comments cards	The majority of patients expressed high levels of satisfaction with the care and treatment they received and described staff as professional, helpful, friendly and reliable. Negative comments related to dissatisfaction with access to appointments and getting through on the phone.

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
10321	240	104	43.3%	1.01%

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)	85.4%	90.8%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	79.0%	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)	97.6%	97.1%	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)	66.1%	84.9%	83.8%	Variation (negative)

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

Any additional evidence
The practice had started a survey in January 2019 but this was not yet complete so the full results had not yet been analysed.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice signposted or made referrals to District Nurses, Cruise, local counselling services and First Contact Plus which was a Leicestershire wide service which enabled a number of agencies to work together to ensure vulnerable adults received appropriate support.</p>	

Source	Feedback
CQC comments cards	Patients commented that staff were compassionate to their needs, listened to with respect and given an explanation of diagnoses.

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)	90.5%	94.8%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	135 patients had been identified as carers which equated to 1% of the practice population.
How the practice supported carers.	There was a notice board in the waiting room with information to support and signpost carers. This group of patients were normally invited in for an annual health check but this had not happened in the last six months due to staff sickness.
How the practice supported recently bereaved patients.	A condolence letter was always sent to the next of kin following the death of a patient.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating:

Requires improvement

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 1.00pm 2.00pm to 6.30pm
Tuesday	8.30am to 1.00pm 2.00pm to 6.30pm
Wednesday	8.30am to 1.00pm 2.00pm to 6.30pm
Thursday	8.30am to 1.00pm 2.00pm to 6.30pm
Friday	8.30am to 1.00pm 2.00pm to 6.30pm
	8.30am to 1.00pm 2.00pm to 6.30pm
Appointments available:	
Monday	8.30am to 10.30am sit and wait clinic. Pre-bookable appointments in the afternoon
Tuesday	8.30am to 10.30am sit and wait clinic. Pre-bookable appointments in the afternoon
Wednesday	8.30am to 10.30am sit and wait clinic. Pre-bookable appointments in the afternoon
Thursday	8.30am to 10.30am sit and wait clinic. Pre-bookable appointments in the afternoon
Friday	8.30am to 10.30am sit and wait clinic. Pre-bookable appointments in the afternoon
	8.30am to 10.30am sit and wait clinic. Pre-bookable appointments in the afternoon
Extended hours	This service was commissioned by the CCG and appointments were available in early morning, evenings and weekends at the following locations and could be made through the practice:

	Loughborough Urgent Care Centre at Loughborough Community Hospital Coalville Community Hospital Centre Surgery, Hinckley.
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National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10321	240	104	43.3%	1.01%

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)	91.2%	95.4%	94.8%	No statistical variation

Any additional evidence or comments

Patients had reported dissatisfaction with access to appointments and to the practice by telephone. This affected all the population groups and therefore all were rated requires improvement.

Older people

Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> 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. Practice nurses visited housebound patients to provide an anti-coagulation service and flu vaccinations. GPs carried out ward rounds at local care homes.

People with long-term conditions

Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> The practice were in the process of implementing a system to enable patients with multiple conditions to have their needs reviewed in one appointment. The practice liaised regularly with the local district nursing team 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 add rating

Findings

- Nurse appointments were available outside of school hours for school age children so that they did not need to miss school.
- Parents or guardians with concerns about a child could attend the daily sit and wait clinic which ensured children were seen the same day and prioritised in clinic.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

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.
- Pre-bookable appointments were also available to all patients at additional locations within the area, through a service commissioned by the local CCG. Appointments were available in early morning, evenings and weekends.
-

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. The practice had a travelling family registered permanently with them.
- People in vulnerable circumstances were easily able to register with the practice. The practice had patients in a local women's refuge. They were prioritised and seen the same day.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
-

People experiencing poor mental health (including people with dementia)

Population group rating: Requires improvement

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health. Patients, for example with anxiety, could sit and wait in a private room if necessary.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were not always able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: There was a dedicated phone line for cancellations. All home visits were triaged by the on-call GP.	

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)	47.8%	N/A	70.3%	Variation (negative)
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)	34.0%	67.7%	68.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	28.6%	63.8%	65.9%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	51.1%	76.3%	74.4%	Variation (negative)

Any additional evidence or comments

The practice were aware of patient dissatisfaction with some aspects of access. Following the 2018 GP Survey which highlighted issues in getting through to the practice and making an appointment, the practice conducted their own survey in January 2019. Analysis of the survey had not been concluded at the time of our inspection so there had not yet been the opportunity to make an action plan in response to

any findings. The practice told us they were going to review the appointment system.

Source	Feedback
CQC comments cards	Of the 40 comments cards we received, nine contained negative comments about the appointment system or getting through to the practice by phone. Views were mixed regarding the sit and wait clinic, with some patients responding positively about being able to be seen on the same day and others dissatisfied with the length of time they had to sit and wait. Patients also commented that they felt they had to queue outside the practice before it opened to lessen the time they would have to sit and wait.

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.	2
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	N/A
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	N/A
Explanation of any answers and additional evidence: There was a complaints poster in reception and leaflets available. Staff were aware of the complaints procedure.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint regarding missing patient notes, staff attitude and issue with blood test results.	Discussed at practice meeting staff reminded regarding telephone manner and protocol reviewed.

Well-led

Rating: Inadequate

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
They had identified the actions necessary to address these challenges.	Partial
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	No
Explanation of any answers and additional evidence: Staff told us that the partners were visible and available.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Partial
There was a realistic strategy to achieve their priorities.	Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	No
Explanation of any answers and additional evidence: The practice had a good ethos and staff were caring but there was a lack of documented strategy to support this. The practice had some vision for the future. For example, they told us of some changes they were in the process of or planned to implement, including refurbishment of the premises and improving the recall system.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes

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

Source	Feedback
Staff interviews	Staff told us the partners were very approachable and supportive. They described the practice as a good place to work with staff supporting each other. Staff gave examples of high levels of support during sickness and kind gestures by the partners such as buying ice creams for staff in the summer.

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	No
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We found that many of the systems the practice had in place were not being operated effectively. Specifically, in respect of high risk medicines prescribing, identifying and acting on risks, safeguarding, infection control, the cold chain process, prescription security, uncollected prescriptions, significant events, the recall system, staff training and staff appraisals.</p> <p>Staff were not always clear on their roles and responsibilities. For example, the infection control lead had not attended training to enable them to fulfil the role.</p> <p>We found that some areas were not subject to internal audit or clinical input and therefore lacked oversight, for example non-medical prescribing and a lack of structured review of nurses' clinical decision making.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	No
A major incident plan was in place.	Partial
Staff were trained in preparation for major incidents.	No
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
There was a business continuity plan but it was incomplete. For example, there were no buddying arrangements documented and no staff cascade details. Staff we spoke with were not aware of a business continuity plan.	
There was limited evidence of clinical and internal audit.	
There were limited risk assessments in place and where they had been carried out, not all actions identified had been acted upon.	
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.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Explanation of any answers and additional evidence:

The practice had received information from the locality regarding a low uptake of additional summary care records. The operations manager had investigated this and found that the form wasn't being given out at the point of registration. They were going to act on this by sending opt out text messages to patients.

Prescribers of high risk medicines were not always in possession of accurate and reliable information to enable them to appropriately monitor patients.

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.	Partial
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
The practice had acted on views from the Patient Participation Group in some areas. Although they had conducted a survey, at the time of our inspection there was no evidence of acting on patient views expressed in the national GP patient survey regarding access to the service.	

Feedback from Patient Participation Group.

Feedback
We spoke with the chair of the Patient Participation Group (PPG) who told us the practice were very supportive of the PPG and valued their input. They said that regular meetings took place which were attended by practice staff. These were not currently minuted but there were plans to do so going forward. The PPG had raised funds to provide equipment in the practice such as blood pressure machine. They also carried out health promotion work.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	No
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence:	
Although we saw some evidence of learning being shared to make improvements we also found that some significant events had not been reported therefore missing an opportunity for learning and to make improvement.	
There was limited evidence of quality improvement work and no evidence of it being discussed at practice meetings.	
The system for appraisals did not support learning and improvement as some staff reported they had not had an appraisal for a long time and those appraisals which had taken place did not include a training	

needs assessment or personal development plan. However, the practice did tell us they were in the process of upskilling staff to improve efficiency.

There was no structured mandatory training programme and limited oversight of training within the practice.

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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

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