Care Quality Commission

Inspection Evidence Table

Meir Park Surgery (1-540617623)

Inspection date: 6 March 2019

Date of data download: 18 February 2019

Overall rating: Inadequate

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

Safe Rating: Inadequate

We rated the practice as inadequate for providing a safe service because:

- Staff had not been made aware of the most up to date safeguarding policies and procedures to refer to or where to locate them.
- The system to monitor staff compliance with safeguarding training was ineffective. Some clinical and non-clinical staff had not completed training appropriate to their role.
- Not all staff who acted as chaperones were trained for this role.
- Regular safeguarding meetings with other agencies had not been held and a system of reconciling children at risk of harm, as identified by the practice, with health visitors and school nurses was not in place.
- The practice did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care or frequent A&E attendance.
- Recruitment checks had not always been carried out in accordance with regulations.
- Two members of staff who acted as fire marshals had not received the required training.
- Not all staff had received training on infection prevention and control.
- Non-clinical staff had not been provided with training to make them aware of possible signs of sepsis.
- Not all the suggested emergency medicines were available at the branch practice. A risk assessment to mitigate potential risks to patients had not been completed.
- The process for monitoring patients prescribed high risk medicines was not always effective. Appropriate monitoring and clinical review prior to prescribing was not always documented in patient records.
- Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not always acted upon.
- A system for sharing learning from significant events with staff was not in place.

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.	Partial
Policies were accessible to all staff.	No
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Partial
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.	Partial

Explanation of any answers and additional evidence:

Staff we spoke with were confused regarding where to access safeguarding policies and procedures. On the day of our inspection, we were shown three different policies for safeguarding children by staff and the management team. Administrative staff showed us a policy for safeguarding children dated 2008 which did not contain appropriate contact numbers or categories of abuse. They were unable to locate a policy for safeguarding vulnerable adults. The nursing staff showed us an online policy for safeguarding children and safeguarding vulnerable adults dated 2018 and a policy for safeguarding vulnerable adults that did not contain updated categories of abuse such as human trafficking, modern slavery or female genital mutilation. The management showed us safeguarding policies dated 2019 which contained the appropriate information for safeguarding children or vulnerable adults.

The training matrix showed that four practice nurses, five GPs and two administrative staff had not completed training in safeguarding vulnerable adults. Only nine staff had completed training for safeguarding children. We reviewed staff files and saw that some safeguarding training had been completed but had not been recorded on the training matrix. However, it was not clear which staff members had outstanding training to complete or if staff had completed it at a level appropriate to their role. For example, there was no evidence that the practice nurse who carried out domiciliary health checks for patients over 85 years old had received training in safeguarding vulnerable adults. The practice nurse confirmed that she had not been provided with recent safeguarding training. Receptionists had not completed level two training in safeguarding children.

Safeguarding	Y/N/Partial
We spoke with a non-clinical member of staff who informed us that they had acted as a chaperone for patients. They told us that they had not received training to carry out this role. We checked the training matrix which supported this. The practice showed us detailed examples of when they had worked with other agencies to protect children and vulnerable adults from the risk of abuse. However, regular safeguarding meetings had not been held and a system of reconciling children at risk of harm, as identified by the practice, with health visitors and school nurses was not in place. The practice did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care or frequent A&E attendance.	

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.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Partial
Explanation of any answers and additional evidence: We reviewed the records of five members of staff. We were unable to locate any records for the locum practice manager. We found that the records were disorganised and that the required recruitment checks had not been carried out for all staff members. For example, a full employment history was not available for two members of staff, there was no indemnity cover in place for a health care assistant, health assessments had not been completed for four members of staff and there was no photographic proof of identity for two members of staff. The practice informed us they would add the health care assistant to their indemnity policy.	

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: Main practice Branch practice	Yes 21 February 2019 25 January 2019
There was a record of equipment calibration. Date of last calibration for the main and branch practice:	Yes 21 February 2019
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes 3 September 2018
There was a log of fire drills. Date of last drill: Main practice Branch practice	Yes 28 February 2018 November 2018
There was a record of fire alarm checks. Date of last check:	Yes 3 September 2018
There was a record of fire training for staff. Date of last training:	Yes February 2019
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes 22 September 2015
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice had identified three fire marshals however only one of them had received the required training to carry out this role.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes November 2018

Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes November 2018
Explanation of any answers and additional evidence: Health and safety checks were carried out six-monthly. In-house legionella risk assessments had been completed at the main practice. We were told that the landlord of the building the branch practice was located in had carried out a legionella risk assessment however, the practice was unable to demonstrate this. Measures to prevent the growth of legionella were in place at both practices.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Partial
Date of last infection prevention and control audit:	21 February 2019
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: Records showed that six practice nurses, three GPs and two non-clinical members of staff had not completed training in infection control.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Partial
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
Explanation of any answers and additional evidence: Receptionists were aware of the actions to take if a patient called with severe chest pain. Protocols to support staff were readily available. However, non-clinical staff had not been provided with training to	

make them aware of possible signs of sepsis.

Pulse oximetry (a non-invasive method for monitoring a person's oxygen saturation) was not available for children at the main practice. We saw that a paediatric pulse oximeter had been ordered by the practice.

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

Appropriate and safe use of medicines

The practice's systems for the appropriate and safe use of medicines, including medicines optimisation were not always effective.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.75	1.02	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)	6.7%	6.8%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	6.15	5.25	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.22	2.16	2.22	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.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	No
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
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.	Yes
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.	Partial
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.	Yes

Explanation of any answers and additional evidence:

We found that two Patient Group Directions (PGDs) had expired on 28 February 2019.

The process for monitoring patients who were prescribed high risk medicines was not effective. We found that a patient prescribed lithium (a medicine used to treat mood disorders) had not received the appropriate blood monitoring for over 12 months. Prescriptions for methotrexate (a medicine used to treat disease such as rheumatoid arthritis) had been issued without GPs checking that the patient's blood results were within a safe range. Forty-five patients prescribed angiotensin converting enzyme (ACE) inhibitors (a medicine used to treat heart failure and high blood pressure) had not received the required blood screening within appropriate timescales. One patient had not received the required regular monitoring since July 2008 and another patient since April 2009. Following our inspection, the practice told us they were being proactive in recalling these patients to ensure they received the appropriate monitoring and treatment.

We found that the suggested emergency medicines were available at the main practice. However, emergency medicines for suspected bacterial meningitis, epileptic seizures, pain relief and nausea and vomiting were not available at the branch practice. A risk assessment to mitigate potential risks to patients in the absence of these medicines had not been completed.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	Two
Number of events that required action:	Two
Explanation of any answers and additional evidence: There was evidence of learning from significant events however a system for sharing learning with staff was not in place.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A patient was prescribed an incorrect dose of a medicine.	The practice planned to discuss this with the parents of the child to reassure them that the child will not incur any adverse side effects. The practice planned to develop a protocol to reduce the risk of the error occurring again.
A patient had not received the required blood monitoring for a medicine they were prescribed. The medicine had been prescribed on an acute basis but repeated prescriptions had been provided. This resulted in the patient continuing to be in pain and requiring surgery.	A protocol was put in place to ensure that patients prescribed this medicine are reviewed three weeks after it has been prescribed with a plan to reduce the dosage. Alerts are to be added to patients' records to ensure they receive the appropriate blood monitoring. Acute prescriptions should not be issued without a GP reviewing and signing the prescription after reviewing a patient's previous consultation.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
Explanation of any answers and additional evidence: We saw that some Medicines and Healthcare products Regulatory Agency (MHRA) alerts had been acted upon for example, valproate however, others had not. We checked the practice's computer system to ensure a MHRA alert, issued in November 2018, regarding the risk of skin cancer associated	

with the long-term use of a medicine used in the management of high blood pressure had been acted on. We found that a search to identify potential patients at risk had not been completed. On the day of our inspection we identified 14 patients that continued to be prescribed this medicine without any evidence of review.

Effective Rating: Requires improvement

We rated the practice as requires improvement for providing effective services. This was because:

- There were multiple gaps in staff training in relation to equality and diversity, basic life support, fire safety, mental capacity act, health and safety and safeguarding vulnerable adults and children.

We have rated all the population groups requires improvement for providing effective services because gaps in training affected all the populations groups.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were 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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	1.42	0.91	0.81	No statistical variation

Older people

Population group rating: Requires improvement.

Findings
• The practice used a clinical tool to identify older patients over 85 years of age who were living with moderate or severe frailty. Those identified were offered a full assessment of their physical, mental and social needs by a practice nurse in their own home. This was aiming at preventing unplanned hospital admissions and attendances to the accident and emergency department (A&E). We saw that 43 out of 68 patients had received a review. Data from the Clinical Commissioning Group showed that over a rolling 12-month period, between October 2017 and September 2018, the

number of 85-year olds that had attended A&E had decreased from 86 to 81 (619 patients per 1000 down to 583 per 1000).

- The practice followed up 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.

People with long-term conditions

Population group rating: Requires improvement

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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.

However:

- We identified 248 patients in the potentially pre-diabetic stage who had not been coded appropriately within the practice's computer system or received life style advice.

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)	81.2%	74.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	14.3% (64)	9.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	77.1%	75.4%	77.7%	No statistical variation

Exception rate (number of exceptions).	7.8% (35)	7.5%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	85.0%	80.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.0% (67)	11.8%	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)	77.5%	77.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.9% (17)	5.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.9%	88.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	10.8% (17)	9.8%	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)	81.6%	81.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.3% (46)	3.2%	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)	92.7%	91.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.1% (11)	5.1%	6.7%	N/A

Any additional evidence or comments

QOF data for 2017/18 showed that the exception rate for some patients with diabetes was above the local and national averages. We reviewed this and saw that they had all been appropriately excepted.

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 for following up failed attendance of children's immunisations and liaised with health visitors when necessary.
- 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.
- Pregnant women were offered flu vaccinations and whooping cough vaccination at 16-32 weeks gestation.
- Young people could access services for sexual health and contraception.
- Alerts were added to the electronic records of children identified as being at risk of harm.

However:

- The practice did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care.

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)	65	69	94.2%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	66	69	95.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	66	69	95.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	65	69	94.2%	Met 90% minimum (no variation)

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. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could order repeat medication on-line without the need to attend the practice.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	70.1%	70.5%	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)	71.4%	71.3%	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)	55.3%	53.0%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	62.1%	72.0%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	43.3%	59.8%	51.9%	No statistical variation

Any additional evidence or comments
The practice's cervical screening rate of 70.1% was below the national target of 80% however, in line with the CCG and national averages. The practice nurse told us they had a system in place to recall patients who failed to attend their screening. They also told us that prior to the merger of the two practices they had been on target with the cervical screening. Following the merger, their working hours had been reduced from 22.5 hours a week to 18 hours meaning there was less time to follow up patients requiring cervical screening.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings
• End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. • The practice held a register of patients living in vulnerable circumstances including patients nearing the end of their life, carers and those with a learning disability. • The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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.
- 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 showed us detailed examples of when action had been taken to support this group of patients and regular monitoring with a GP had been put in place.
- 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.
- Four members of staff had received dementia training in the last 12 months.
- Patients were referred to counselling and psychological services when required.

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)	93.8%	84.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	17.9% (7)	9.1%	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)	97.1%	89.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	10.3% (4)	7.9%	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)	72.0%	79.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	16.7% (5)	7.0%	6.6%	N/A

Any additional evidence or comments
QOF data for 2017/18 showed that the exception rates for patients experiencing poor mental health was above the local and national averages. We reviewed this and saw that they had all been appropriately excepted.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554.1	535.2	537.5
Overall QOF exception reporting (all domains)	6.0%	5.5%	5.8%

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

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

- The practice audited 44 patient records to identify patients with inadequately controlled hypertension. The initial focus was on patients under 85 years old with a blood pressure above 140/90 mmHg who were not on a three-medicine combination. The audit demonstrated that the appropriate interventions and treatments had been offered to patients in line with the practice policy. In most cases, the maximum dose of the first and second medicine had been reached and the third medicine was not required. The learning from the audit was that patients who failed to comply with monitoring of their blood pressure would be sent a letter informing them of the risks of failing to have their blood pressure regularly monitored.

- The practice undertook an audit of 30 patients with hypertension who were not on the practice's hypertension register or had an action plan in place. Following the audit, five patients were added to the practice's hypertensive register to ensure they received appropriate care and treatment.

Effective staffing

The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles because there was no overarching system in place to monitor staff compliance with training.

	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.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: The practice used an online training system to provide staff with training. However, we found there were multiple gaps in staff training in relation to equality and diversity, basic life support, fire safety, mental capacity act, health and safety and safeguarding vulnerable adults and children.	

Coordinating care and treatment

Staff worked with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Partial
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.	Yes

Explanation of any answers and additional evidence:

Prior to our inspection we spoke with the managers of two care homes where the practice provided care and treatment to a very small number of patients. We received mixed feedback from the homes. One care home informed us that the practice was responsive to their concerns and provided home visits and prescriptions when requested. The other home informed us that when they requested home visits for patients they were directed to the acute visiting service for a visit. Of note, there were only a small number of patients registered with Meir Park Surgery who lived in these homes.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.8%	95.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (8)	0.6%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Caring Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	Five
Number of CQC comments received which were positive about the service.	Four
Number of comments cards received which were mixed about the service.	One
Number of CQC comments received which were negative about the service.	None

Source	Feedback
NHS Choices	Fifteen comments had been posted on NHS Choices in the previous two years. Two of the comments related to the care provided stating the GP was caring and spends time with you.
CQC comment cards from the main practice.	Patients told us that staff were friendly and helpful and the GP was very caring.

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
6628	297	127	42.8%	1.92%

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)	74.8%	88.4%	89.0%	Variation (negative)
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)	74.3%	86.5%	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)	90.5%	94.9%	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)	55.6%	83.1%	83.8%	Variation (negative)

Any additional evidence or comments
The practice used feedback from the NHS friends and family test to monitor patient satisfaction. Since June 2018 the practice had received 32 completed questionnaires. The practice reviewed the comments made by patients which demonstrated the reason patients were dissatisfied with the practice was due to poor access to appointments rather than the quality of care they received.

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: A designated member of staff had been identified as a contact point for carers.	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	87.7%	92.0%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Partial
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.	No
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: Access to interpretation services were available at the branch practice but not the main practice.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 124 patients who were carers. This was equivalent to 2% of the practice population.
How the practice supported carers.	Carers were offered immunisations to keep them well, for example the flu vaccine. Carers were directed to support groups such as the North Staffordshire Carers Association and the Carer's Hub.
How the practice supported recently bereaved patients.	When the practice was made aware that a patient had been bereaved they offered a telephone call and home visit if required. One of the GPs also attended the funeral of patients they had known for a long time.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains/screens 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.	Partial
Explanation of any answers and additional evidence: Conversations could be clearly heard at the reception desk at the main practice. Receptionists were aware of this and offered patients a private room to discuss sensitive issues. There was a confidentiality screen at the branch practice that prevented conversations been overheard.	

Responsive Rating: Requires improvement

We rated the practice as requires improvement. This is because:

- Patient satisfaction with access to appointments was significantly below the national average.
- A system was not in place to follow up children and young people with a high number of accident and emergency attendances or children who failed to attend hospital appointments.
- There was no system in place to share learning from complaints with staff across both sites.

We have rated all the population groups requires improvement for providing responsive services because poor access to appointments affected all the populations groups.

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: When appointments were not available at the practice, patients were provided with appointments through the acute visiting service.	

Practice Opening Times	
Day	**Time**
Opening times: **Meir Park Surgery**	
Monday	8.30am-6.30pm
Tuesday	8.30am-6.30pm
Wednesday	8.30am-6.30pm
Thursday	8.30am-1pm
Friday	8.30am-6.30pm
Appointments available:	
Monday	9.30am -12.30pm and 3pm-5.30pm
Tuesday	9am – 12pm and 2pm-3pm
Wednesday	9am – 12pm and 5pm-6pm

Thursday	10.30am-1pm
Friday	9am-1pm and 4pm-5pm
Day	**Time**
Opening times: **Meir Primary Care Centre**	
Monday	8.30am-6pm
Tuesday	8.30am-6pm
Wednesday	8.30am-6pm
Thursday	8.30am-1pm
Friday	8.30am-6pm
Appointments available:	
Monday	9.45am-11.15am and 3.30pm-5pm
Tuesday	9am-12pm and 2pm-5pm
Wednesday	9.30am -11am and 4pm-5.30pm
Thursday	9.30am-11.30am
Friday	9am-10am and 2pm-4pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6628	297	127	42.8%	1.92%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	90.4%	93.9%	94.8%	No statistical variation

Older people

Population group rating: Requires improvement

Findings

- All patients over the age of 85 had a named GP who supported them in whatever setting they lived.
- The practice offered urgent appointments for those with enhanced needs and complex medical issues.
- A practice nurse provided a home assessment service and health checks for frail, older patients over 85 years of age.
- Prior to our inspection, we spoke with the managers of two care homes where the practice provided care and treatment to patients. We received a mixed response from the managers. One care home told us the practice was responsive to requests for home visits and the other told us they were not.

People with long-term conditions

Population group rating: Requires improvement

Findings

- Patients with multiple conditions had their needs reviewed in one appointment where possible.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- In-house monitoring such as spirometry, ambulatory blood pressure monitoring and blood testing was available for patients with long-term conditions.

Families, children and young people

Population group rating: Requires improvement

Findings

- Children were offered on the day appointments. Appointments and telephone consultations were available outside of school and college hours.
- There were systems in place to identify and follow up children in disadvantaged circumstances and who were at risk. However, a system was not in place to follow up children and young people with a high number of accident and emergency attendances or children who failed to attend hospital appointments.

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.
- Patients could book appointments and order prescriptions by telephone or on line. Telephone consultations were offered when required.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including patients nearing the end of their life, carers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires improvement

Findings

- Extended 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.
- Patients were offered same day and longer appointments when required.

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.	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

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)	34.5%	N/A	70.3%	Significant 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)	38.6%	68.5%	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)	33.8%	68.7%	65.9%	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)	58.6%	76.1%	74.4%	No statistical variation

Any additional evidence or comments
At our previous inspection in December 2014, data from the national GP patient survey showed that 66% of respondents found their experience of making an appointment as good. At this inspection we found that patient satisfaction with access to the GP practice and appointments had significantly fallen below the national average in all four indicators. We discussed this with staff and the practice management at both practices. They told us that following the merger of the two practices access to appointments had become increasingly difficult. Reception staff told us that there were never enough on the day appointments and patients became verbally aggressive when an appointment could not be offered at the practices. They told us that they referred patients to the acute visiting service meaning there was a lack of continuity of care for patients. Access to pre-bookable appointments was very limited with most taken up by requests from practice nurses and GPs for patients to be seen and followed up. On the day of our inspection we observed patients queueing outside the practice to get an appointment

that day. It was clear from discussions with staff that the practices worked independently from one another. The two GP partners saw their own patients, except when they were covering leave for each other. Locum GPs worked across both sites. Although there was one patient list, patients were informed to call the practice they had previously been registered with. This meant that there was a lack of flexibility for the location and time that patients could be seen.

Source	Feedback
Complaint made to the Care Quality Commission (CQC).	In 2017 the CQC received a complaint regarding the difficulty patients experienced getting through to the practice on the phone.
NHS Choices	Fifteen comments had been posted on NHS Choices in the previous two years. Twelve of these were negative and related to poor access to appointments. One comment was positive about access to appointments.
Care homes	Prior to our inspection we spoke with two care homes where the practice provided care and treatment to a small number of patients. We received mixed feedback. One care home told us the practice was responsive to requests for home visits and the other told us they were not.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care however there was no system in place to share learning with all staff.

Complaints	
Number of complaints received in the last year.	Three
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Partial
Explanation of any answers and additional evidence: Complaints were investigated and learning made from them. However, there was no system in place to share the learning with staff throughout the practice.	

Examples of learning from complaints.

Complaint	Specific action taken
An error was made when a repeat prescription was issued. The patient felt a team member had not responded appropriately.	A repeat prescription policy was developed to reduce the risk of the error occurring again. A staff meeting was held and staff were provided with additional training in handling complaints.
A patient transferred to a new GP practice however, the practice did not receive the patient's medical notes from Meir Park Surgery.	The error was due to the involvement of a third party.

Well-led Rating: Inadequate

We have rated the practice as inadequate for providing a well-led service. This is because:

- Action plans to address the challenges faced by the practice were not in place. This included succession planning and delivery of the service in relation to very low patient satisfaction with access to appointments.
- Staff were not aware of the practice's vision.
- There were very low levels of staff satisfaction and high levels of stress across both practices. Staff did not feel that their views were listened to or valued.
- Staff were confused regarding where they would locate the most up to date policies.
- An overarching system to monitor staff compliance with essential training was not in place.
- A system of sharing learning from significant events and complaints with staff was not in place.
- Five of the eight recommendations we made at our previous inspection had not been fully implemented.

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.	Yes
They had identified the actions necessary to address these challenges.	No
Staff reported that leaders were visible and approachable.	Partial
There was a leadership development programme, including a succession plan.	No
Explanation of any answers and additional evidence: The management of the partnership and future leadership structure was not in place. The practice manager and one of the GP partners planned to retire but succession planning had not been carried out. Staff at both practices told us that they had approached the leaders about their concerns regarding patient access to appointments and the cohesiveness of the practices since the merger however, their concerns had not been acted upon.	

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.	Yes
There was a realistic strategy to achieve their priorities.	No
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	No
Staff knew and understood the vision, values and strategy and their role in achieving	Partial

them.	
Progress against delivery of the strategy was monitored.	No

Explanation of any answers and additional evidence:

The practice's mission statement was:

To improve the health, well-being and lives of those we care for.

The practice's vision was:

To work in partnership with our patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations.

However, staff we spoke with were not aware of the mission statement or vision. A strategy to achieve the vison was not in place.

Culture

The practice culture did not effectively support high quality sustainable care.

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

Explanation of any answers and additional evidence:

There were very low levels of staff satisfaction and high levels of stress across both practices. Staff reported that they did not feel listened to or valued and that dealing with verbal aggression, from patients when they were unable to offer appointments, was extremely stressful.

Governance arrangements

Staff had clear responsibilities and roles however, systems to support good governance and management were not always in place.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes

There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: Differing versions of practice policies and procedures were available to staff and stored in different locations within the practices. We found on the day of our inspection that staff were confused regarding where they would locate the most up to date policies. An overarching system to monitor staff compliance with essential training was not in place.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	No
Explanation of any answers and additional evidence: A business continuity plan was in place to mitigate risks to patients, staff and assets in the event of a disruption to the service. The impact of the merger between the two practices and the way in which the service was delivered had not been considered in relation to patient access to appointments and staff morale.	

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.	Yes
Performance information was used to hold staff and management to account.	Yes

Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public and external partners to sustain high quality and sustainable care. However, staff views were not reflected in the planning and delivery of services.

	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.	Partial
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 worked with the patient participation group (PPG) to improve the quality of care provided. In response to their concerns, the practice displayed the number of appointments patients had failed to attend in the reception area to raise patient awareness.

However, changes to patient access to appointments had not been reviewed and staff views not reflected in the planning and delivery of services. For example, some staff we spoke with told us that their working hours had been reduced which affected their ability to carry out their role. Staff with lead roles told us they were no longer included in the decisions made within the practice. They told us they did not have oversight of the areas they covered and felt disempowered to carry out their role.

Feedback from Patient Participation Group.

Feedback
Prior to our inspection, we spoke with a member of the PPG. They told us that the practice involved them in decisions made within the practice, listened to their concerns and responded to them. For example, the PPG had expressed concerns regarding the car park at the main practice. In response to this the practice arranged for car parking slots to be painted to support appropriate parking at the practice.

Any additional evidence
The practice used feedback from the NHS Friends and Family test to monitor patient satisfaction. Since June 2018 the practice had received reviewed 32 completed questionnaires: • Eleven patients stated they would recommend the practice to their friends or family. • Eight stated that they were neither likely or unlikely to recommend it. • Six stated they were unlikely to recommend it. • Seven were extremely unlikely to recommend it. The practice reviewed the comments made by patients which demonstrated they were dissatisfied with telephone access to the branch practice. In response to this, a new telephone system was planned to be installed in March 2019. Patients were also dissatisfied with access to appointments because patients could not be seen at both practice sites due to GP partner preferences.

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.	Partial
Learning was shared effectively and used to make improvements.	No

Explanation of any answers and additional evidence:
At our previous inspection in 2014 we made eight recommendations to improve the service offered by the practice. Three of the recommendations had been implemented. For example, a system to check professional registrations were in date was in place. Three of the recommendations had been partially implemented. For example, there was a system to review significant events and complaints however, a system to share learning from them with staff was not in place. Two recommendations had not been implemented. Not all staff had received training in safeguarding vulnerable adults and a business plan to support succession planning was not in place.

Examples of continuous learning and improvement
To reduce unplanned hospital admissions and accident and emergency (A&E) attendance, the practice employed a locum practice nurse to carry out domiciliary health assessments for patients over 85 years of age. Data from the Clinical Commissioning Group showed that over a rolling 12-month period between October 2017 and September 2018 the A&E attendance rate of patients over 85 years had decreased from 86 to 81 (619 patients per 1000 down to 583 per 1000).

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

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

Glossary of terms used in the data.

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