Care Quality Commission

Inspection Evidence Table

The Alma Partnership (1-549906670)

Inspection date: 5 February 2019.

Date of data download: 30 January 2019

Overall rating: Requires Improvement

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

Safe Rating: Requires Improvement

The practice was rated as requires improvement due to shortfalls in the timely management of test results, recording of staff immunisation status and systems which ensured health and safety.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse. However, fire alarm, emergency lights and firefighting equipment were not properly tested and maintained.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y

Safeguarding	Y/N/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.	Y

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	N
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
Explanation of any answers and additional evidence: The practice had a record of vaccinations for one clinical staff member. We discussed this with the practice who subsequently emailed all other relevant staff to provide vaccination status to be placed on file.	

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:	Y Aug 2018
There was a record of equipment calibration. Date of last calibration:	Y Aug 2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Partial Jan 2019
There was a log of fire drills. Date of last drill:	Y 31/1/19
There was a record of fire alarm checks. Date of last check:	N
There was a record of fire training for staff. Date of last training:	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y 19/10/18
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence: The external fire risk assessment undertaken in October 2018 had identified that weekly fire alarm tests were not being carried out and a fire extinguisher was overdue a test. We saw that weekly fire alarm checks had not been undertaken between October 2018 and February 2019. The Dorset Fire Safety assessment from February 2019 found a reasonable standard of fire safety was evident however, improvements were needed. The fire alarm, emergency lights and firefighting equipment were not properly tested and maintained.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 04/01/19	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 04/01/19	Partial
Explanation of any answers and additional evidence: The security alarm system had not been working since October 2018. At the time of inspection, we saw that the part required to repair the alarm had been ordered in January 2019.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met. However, audits had not identified all potential risks.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	01/02/2019
The practice had acted on any issues identified in infection prevention and control audits.	N
The arrangements for managing waste and clinical specimens kept people safe.	Y

Explanation of any answers and additional evidence:

The last infection prevention and control audit had not identified any action required. The audit had demonstrated that the practice was 96% compliant with infection prevention and control local and national guidelines. However, the audit had not identified the risk associated with a medical plaster used to hold a patient toilet door lock in place.

The practice's lead for IPC was not aware that a recent audit had been undertaken.

An internal IPC audit undertaken in April 2018 had identified that staff immunisation status should be recorded but this had not been actioned. The audit undertaken on 1 February 2019 had not identified that staff immunisation status had only been recorded for one member of staff.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line	Y

with National Institute for Health and Care Excellence (NICE) guidance.	
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment. However, there was a shortfall in the timely management of test results.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	N
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: We saw that test results had been reviewed within appropriate timeframes by GPs. However, there were delays in treatment, following test results due to a backlog of tasks that were required to be undertaken by administration staff. We saw that 61 administration tasks were outstanding, dating back to 25 January 2019. We reviewed nine of the outstanding tasks and found that five related to contacting patients to arrange follow up treatment following test results. For example, one task required administration staff to contact a patient to change the antibiotics they had been prescribed for an infection, following the receipt of culture test results.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.73	0.93	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)	6.2%	8.0%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks	Y

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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	17
Number of events recorded in last 12 months:	17
Number of events that required action:	17
Explanation of any answers and additional evidence: Staff knew how to record and report significant events. We saw that lessons learnt had been discussed at staff meetings. The practice had an overview system to ensure all significant event events had been actioned and closed. However, required action had been undertaken by the provider centrally and managers and staff at the practice were not also informed regarding what action had been taken.	

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

Event	Specific action taken
Reception staff had interrupted a clinical meeting as a patient not registered as the practice had been found near the surgery and was unwell.	Clinical staff attended to the patient, the practice contacted the patient's registered practice and family member. Staff were commended for action taken and the meeting had been rescheduled.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: Records were maintained for safety alerts received and discussed during clinical meetings. Action was taken when required.	

Effective Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.68	0.80	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

- 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.
- 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) (QOF)	69.2%	82.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.5% (50)	19.9%	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)	50.2%	78.6%	77.7%	Significant Variation (negative)
Exception rate (number of exceptions).	14.9% (48)	13.5%	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)	68.6%	81.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.2% (49)	18.2%	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)	73.3%	75.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	17.7% (74)	12.7%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.0%	91.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	52.0% (65)	16.6%	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)	60.5%	82.8%	82.6%	Significant Variation (negative)
Exception rate (number of exceptions).	3.1% (21)	5.2%	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)	76.8%	89.6%	90.0%	Variation (negative)
Exception rate (number of exceptions).	0 (0)	7.6%	6.7%	N/A

Any additional evidence or comments

The practice was aware that achievement was lower than local and national averages for some indicators and had, in accordance with their action plan, implemented changes to improve uptake of long-term conditions health reviews. The practice had implemented a disease awareness board in the patient waiting area and promoted information for different long-term conditions each month.

The practice showed us unverified data that demonstrated that uptake for diabetes indicators and exception reporting had reduced. For example, In February 2018, the practice had exception reported a total of 18 patients who had not attended diabetes health check appointments compared to one patient who had been exception reported in February 2019.

The practice showed us unverified data that demonstrated that 82% of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, were currently treated with anti-coagulation drug therapy.

Families, children and young people Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with or above the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

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)	76	78	97.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	85	91	93.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	85	91	93.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	83	91	91.2%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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)	65.2%	74.5%	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)	69.5%	75.9%	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)	54.9%	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)	59.5%	62.6%	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)	51.5%	51.6%	51.9%	No statistical variation

Any additional evidence or comments

The practice's uptake for cervical screening was 65%, which was below the 80% coverage target for the national screening programme. The practice provided leaflets in different languages and monitored uptake rates and encouraged eligible patient to attend for screening by sending letters. The practice showed us 208/19 data which demonstrated that the current uptake was 73%.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition 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.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

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)	77.5%	92.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	1.6% (2)	16.7%	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)	99.2%	90.8%	90.0%	Variation (positive)
Exception rate (number of exceptions).	2.5% (3)	16.3%	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)	73.3%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.3% (3)	6.8%	6.6%	N/A

Any additional evidence or comments

The practice was aware that some mental health indicators were below local and national averages. The practice felt this was because codes used on patient's record to indicate if a health check was required had not been updated. The practice told us that this issue had been address and showed us unverified data that showed improvements. For example, 2018/19 current data showed that;

- 81% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, documented in their record, in the preceding 12 months.
- 91% of patients diagnosed with dementia had a care plan that had been reviewed in a face-to-face review in the preceding 12 months.

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)	499.2	548.8	537.5

Overall QOF exception reporting (all domains)	9.1%	7.0%	5.8%

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

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

The practice undertook an audit following a medicine safety alert that females of a child bearing age must not be prescribed a medicine used to primarily treat bipolar, epilepsy and migraines. This was due to potential risks of developmental disorders of children exposed to the medicine whilst in the womb. The practice ensured that all female patients who were taking the medicine were aware of the risks and were taking contraceptive precautions. The practice ensured care was in line with national requirements.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

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

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

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)	92.5%	94.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (6)	1.1%	0.8%	N/A

Consent to care and treatment

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

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

Caring Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	5
Number of comments cards received which were mixed about the service.	8
Number of CQC comments received which were negative about the service.	8

Source	Feedback
Comment Cards	Patients commented that staff were efficient and caring, helpful and informative. Negative comments related to dissatisfaction with access to the practice.
NHS Choices	We reviewed comments and ratings made on NHS Choices for the period of 5 February 2018 to the date of this inspection. We saw the practice had received 11 ratings, 10 of which had rated the practice one out of five stars. The majority of negative comments related to access to the practice via telephone, difficulty getting appointments and lack of continuity of care. One person had rated the practice 5 out of five stars, stating that staff had been welcoming and supportive.

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
7592	379	122	32.2%	1.61%

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)	86.4%	91.6%	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)	89.1%	90.7%	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)	94.8%	96.9%	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)	83.2%	89.1%	83.8%	No statistical variation

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

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	Patients we spoke with confirmed that staff had explained different treatment options or how medicines work to enable patients to make informed choices.

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)	94.4%	95.5%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	A total of 94 patients were identified as carers; this represented less than 1% of the practice list.
How the practice supported carers.	The practice had a carer's lead who was responsible for signposting carers to other services for support and information, such as coffee mornings and social groups. There was information available in the waiting area on services which could provide support for carers. Patients were asked when they registered whether they had caring responsibilities and this was recorded on their record. An information pack was also provided and with the patient's consent the carers lead of the local council was informed, so they could offer a carer's assessment.
How the practice supported recently bereaved patients.	The practice contacted bereaved patients if the person had died at home or unexpectedly and offered an appointment with a GP if required.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive Rating: Requires Improvement

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. However, there were shortfalls with continuity of care.

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

Explanation of any answers and additional evidence:

Patient feedback indicated that patients did not get a continuity of care due to the nature of staffing GP appointments with one salaried GP and two locum GPs.

On the day of inspection, we were informed that the salaried GP had resigned and would not be undertaking any further consultations at the practice. The practice had arranged for the Registered Manager GP to cover the salaried GP's booked sessions. The Registered Manager GP had not previously undertaken patient consultations at the practice but was qualified to do so.

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm

Telephones were answered from 8.30am Monday to Friday. Between 8am and 8.30 patients were directed to out of hours care, provided by South West Ambulance.

Extended hours were provided every Monday until 7.30pm for family planning only.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7592	379	122	32.2%	1.61%

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)	97.1%	96.0%	94.8%	No statistical variation

Older people

Population group rating: Requires Improvement

Findings

- Following the resignation of the salaried GP, patients no longer had a named GP.
- The practice was responsive to the needs of older patients, and offered GP home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice told us that they had recently rostered a practice nurse to undertake home visits one afternoon per week to undertake health checks for patients who were not able to access the practice. On the day of inspection, we saw that an afternoon had been cleared for the purposes of undertaking home visits that day. However, the nurse, who was competent to undertake home visits, had not been made aware of this and we saw that no home visits had been scheduled.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Requires Improvement

Findings

This population group was rated requires improvement for responsive because of shortfalls across the whole domain relating to access to the practice and via telephone.

However, there were examples of good practice;

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

Families, children and young people

Population group rating: Requires Improvement

Findings

This population group was rated requires improvement for responsive because of shortfalls across the whole domain relating to access to the practice and via telephone.

However, there were examples of good practice;

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The practice offered a family planning clinic every Monday during extended hours appointments for patients registered at the practice and other patients registered within the locality.
- The practice told us that several appointments were kept for children who required same day urgent appointments after school.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

This population group was rated requires improvement for responsive because of shortfalls across the whole domain relating to access to the practice and via telephone.

However, there were examples of good practice;

- Patients were able to book appointments online and access online services.
- The practice offered telephone consultation to patients.
- The practice had historically provided flu clinics on a Saturday for working age people.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

This population group was rated requires improvement for responsive because of shortfalls across the whole domain relating to access to the practice and via telephone.

However, there were examples of good practice;

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers 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

This population group was rated requires improvement for responsive because of shortfalls across the whole domain relating to access to the practice and via telephone.

However, there were examples of good practice;

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were 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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	57.1%	N/A	70.3%	No statistical variation
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)	62.4%	78.2%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	70.1%	72.5%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	68.6%	80.8%	74.4%	No statistical variation

Any additional evidence or comments
The practice had gathered feedback from patients between October and December 2018 relating to what type of appointments patients would like to be able to access more. The practice received 118 responses and results showed that patients wanted more routine appointments made available. The practice told us that they had subsequently increased the amount of routine appointments available to book each day. We saw that Routine GP appointment could be booked up to two weeks in advance. However, on the day of inspection routine appointments were only available to book on two days over the following two-week period. There were on the day urgent appointments available to book each day.

Source	Feedback
NHS Choices	We reviewed comments and ratings made on NHS Choices for the period of 5 February 2018 to the date of this inspection. Of the 11 ratings received during this time, 10 people had rated the practice one out of five stars. • Three posts described a long wait for the telephone to be answered. • One patient stated that a female GP was not available. • Five patients described no continuity of care due to the use of locums to staff GP appointments. • Two patients described difficulty booking an appointment. At our inspection undertaken in October 2018, we identified that comments made on NHS choices had not been responded to, the practice said that they did not have access. At this inspection we saw that comments and not been responded to since April 2018. The practice told us they now had access to respond to comments and planned to do this in the future.
Comment Cards	We reviewed the 21 comment cards we had received and saw that seven patients had experienced a delay in a telephone call being answered, eight patients had experienced difficulty booking an appointment and three patients commented that there was no continuity of care. The positive comments received related to kindness and care provided by staff.

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.	18
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Any additional evidence or comments
The practice had an overview system to ensure all complaints had been appropriately actioned and for theme analysis. We saw the practice had reviewed and responded to complaints in a timely manner. We saw complaints had been discussed during clinical meetings.

Well-led Rating: Inadequate

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Partial
Staff reported that leaders were visible and approachable.	N
There was a leadership development programme, including a succession plan.	Y

Explanation of any answers and additional evidence:

We saw the practice had undertaken regular clinical and administrative meetings. We saw minutes from meetings which demonstrated that significant events and complaints were discussed, staff had been consulted on the implementation of changes and concerns had been discussed.

The Practice Manager was present at the practice for approximately one and a half days per week. The deputy manager position was vacant at the time of inspection. The registered manager had supported the practice manager to undertake responsibilities required of managers. However, we saw that there was a lack of oversight of some governance systems due to the capacity of the leadership team.

Staff reported that they were able to contact managers if required when they were not at the practice and reported that managers were approachable. However, staff we spoke to told us that managers did not have the capacity to undertake all required tasks. For example, fire alarms had not been tested regularly, staff we spoke to told us they had raised concerns regarding this to managers on several occasions.

The practice was usually staffed by locum GPs, which did not promote continuity of care.

There was limited resilience if staff were absent, sick or on annual leave. For example, staff told us that in January 2019, five administrative staff members had been absent during the same week. Staff told us this had negatively impacted on the practice's capacity to answer incoming telephone calls and undertake administrative tasks. The practice had not followed its own business continuity plan by transferring telephones to another practice owned by the same provider or provided additional staff.

On the day of inspection, we saw that three receptionists had been scheduled to work, two of which had been tasked with answering the telephones and one staff member worked at the reception desk. Staff told us that usually only two receptionists were scheduled to work and managed all incoming telephone calls and patient requests at the reception desk. The practice did not have a system to measure the numbers of calls abandoned or time delays in answering telephone calls.

The practice had employed a pharmacist to undertake face to face medicines reviews with patients which had improved the capacity of GP appointments offered to patients.

Vision and strategy

The practice did not have a clear vision and strategy to provide sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	N
There was a realistic strategy to achieve their priorities.	N
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	N
Explanation of any answers and additional evidence: The practice aimed to offer consistency of care for patients, but there were barriers to achieve this due to a reliance on locum GPs.	

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

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

Source	Feedback
Staff interviews	The two locum GPs we spoke to on the day of inspection felt the workload was manageable and felt supported by managers. Other clinicians and administration staff told us they felt under pressure and stressed due to lack of staffing and leadership. Admin staff were concerned that daily tasks were not being completed. For example, although all external patient letters and correspondence had been received, scanned, reviewed by clinicians and actioned where appropriate, we saw that 241 scanned documents had not been aligned to patient's records.

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	N
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Explanation of any answers and additional evidence:

The practice had made improvements in governance arrangements in several areas since our last inspections. For example:

- A range of meetings had been undertaken, these included senior management; nurses, clinical and safeguarding meetings.
- The practice had implemented a QOF recall plan and had shown us unverified data that demonstrated improvements in uptake of health care check.
- Complaints were recorded and actioned appropriately, and learning was shared with relevant staff.

However, we saw shortfalls in other areas of governance, which included;

- Fire alarms, emergency lights and firefighting equipment had not been properly tested and maintained.
- The practice had not recorded staff immunisation status, this had been indicated as an action in an infection prevention and control audit undertaken in April 2018.
- An Infection prevention and control (IPC) audit had not identified all potential risk, for example; staff immunisation status and a medical plaster used to keep a patient toilet lock in position. The IPC audit had been undertaken without consultation of the practice's IPC lead.
- Action required following significant events had been undertaken by the provider. Action taken had not always been communicated to the practice staff, including the practice manager.

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.	Partial
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	N
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: • The security system had not been repaired since it was identified it had not been working since October 2018. We saw that the part required to repair the alarm had been ordered at the time of inspection. • Managers were not aware that 61 administration tasks were outstanding, dating back to 25 January 2019. Some of those tasks related to contacting patients to arrange follow up treatment following test results.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain 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.	Partial
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: Comments made on NHS choices website had not been responded to. The practice had undertaken a patient survey and had asked patients their views when planning future provision of services.	

Feedback from Patient Participation Group.

Feedback
The Patient Participation Group (PGG) had been relaunched in November 2018 and had met twice, with the practice manager since this time. We saw meeting minutes that demonstrated the practice had consulted the PPG regarding future changes and had planned to implement suggestion made by the PPG. For example, we saw the practice had agreed to set up a table in the patient waiting room for the sole use of the PPG to share information with patients.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: Since our inspection in July 2018, the practice had ensured that all staff had completed all relevant necessary and specialist training.	

Examples of continuous learning and improvement
The practice had recently signed up to the national ‘Wisdom Project’ to improve outcomes for patients whose diabetes was not well-controlled.

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.