

Care Quality Commission

Inspection Evidence Table

Cotmore Surgery (1-2062114050)

Inspection date: 4 March 2019

Date of data download: 15 February 2019

Overall rating: Good

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

Safe

Rating: Requires improvement

Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse. However, there were not all well embedded.

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).	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>Safeguarding training: Staff we spoke with demonstrated clear understanding of how they would recognise abuse and explained their responsibilities as well as actions they would take if they suspected or witnessed abuse. Records we viewed showed most healthcare staff including safeguarding leads were trained to the appropriate levels for their role. Following our inspection, the practice explained all staff had participated in domestic violence and safeguarding training as part of the Identification and Referral to Improve Safety (IRIS) project during 2018/19. IRIS is a General Practice based domestic violence and abuse (DVA) training and support referral programme. The practice explained since completion of the IRIS training, staff were proactive in identifying and referring vulnerable patients.</p>	
<p>Disclosure and Barring Service (DBS) checks: Non-clinical staff had undertaken chaperoning training and would carry out this role when required. DBS checks were not undertaken for non-clinical staff. Although the practice carried out a risk assessment to mitigate any potential risks; they had not been subject to any reviews.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
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:	

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: 27/11/2018	Y
There was a record of equipment calibration. Date of last calibration: 27/11/2018	Y
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: 23/07/2018	Y
There was a log of fire drills. Date of last drill: 09/07/2018	Y
There was a record of fire alarm checks. Date of last check: 01/03/2019	Y
There was a record of fire training for staff. Date of last training:	Partial
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 23/07/2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: Fire training: Training records we viewed showed that training identified by the practice as mandatory training such as fire training updates were not routinely completed. However, staff we spoke with demonstrated clear understanding of what to do in the event of a fire. Following our inspection, the practice provided additional evidence to confirm staff had read and understood the practice fire safety policy and action plans following the practice fire risk assessment included ensuring all staff had received fire training by July 2019.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 10/02/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 30/11/2018	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	26/02/2019
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The practice scored 96% in their last infection prevention and control audit. Members of the nursing team monitored actions as a result of audit outcomes to ensure compliance with recommendations.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted, and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence:	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	1.06	0.91	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	10.8%	7.6%	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) <small>(NHSBSA)</small>	8.43	5.18	5.64	Variation (negative)
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) <small>(NHSBSA)</small>	4.96	1.97	2.22	Variation (negative)

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.	N/A
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	Y

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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>Prescribing: The practice was aware of areas where prescribing was above local and national averages. Staff we spoke with identified the high number of elderly patients as a contributing factor which impacted on some areas of prescribing. Clinicians in lead roles proactively engaged with stakeholders such as the Area Prescribing Committee (APC) to deliver a joint formulary to promote safe, evidence-based and effective prescribing. (APCs purpose is to manage the entry of new medicines and prescriptible medical devices into the NHS, develop prescribing guidelines and develop and maintain a locally agreed formulary).</p> <p>The practice did not stock some suggested emergency medicines. For example, medicines to respond to childhood conditions which affect the windpipe, low blood sugar levels or epileptic fits. The practice had carried out a risk assessment to mitigate identified risks. Staff we spoke with were able to verbally explain actions they would take; however, these had not been formally documented. Following our inspection, the practice reviewed and updated their risk assessment to include arrangements with a local pharmacist which included arrangements for staff members to access additional emergency medicines.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	Three
Number of events that required action:	Three
<p>Explanation of any answers and additional evidence:</p> <p>There was a verbal understanding amongst staff on what to do in the event of a significant event. Following our inspection, the practice reviewed this process and provided a copy of their supporting policy outlining procedures for reporting patient safety incidents.</p>	

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

Event	Specific action taken
Incorrect patient details	The practice provided a full explanation to individuals involved. Medical records were checked, and discussions held with staff to reduce the risk of the same thing happening again.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice operated a process for receiving and disseminating safety alerts throughout the practice. The management team received safety alerts and sent them out to clinicians who were then required to ensure appropriate actions were carried out. We saw evidence of actions carried out to identify female patients of child bearing age and the practice provided information which they shared with identified patients regarding risks and the need to avoid exposure to medicines which increases risks during pregnancy.</p> <p>Members of the nursing team provided examples of actions carried out to ensure compliance with safety recommendations. For example, nurses carried out checks and reported back to clinical leads regarding the sterile oxygen connecting tubes safety alert.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Clinical staff demonstrated awareness of changes in national guidelines. For example, evidence around tight controls of blood sugar levels and blood pressure levels in frail and elderly patients to diagnosed with diabetes which could be harmful. Clinicians explained that they were working on guidelines regarding the choice of oral and non-insulin antibiotic agents for adults diagnosed with type two diabetes.</p>	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.94	0.81	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: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Clinical staff demonstrated awareness of national guidelines such as updates relating to the management of diabetes and discussed any updates during clinical meetings to ensure effective management of patients' conditions.
- 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.
- Members of the nursing team carried out Association for Respiratory Technology and Physiology (ARTP) certified spirometry (a test used to help diagnose and monitor certain lung conditions by measuring how much air you can breathe out in one forced breath). (ARTP are the guardians of quality-assured diagnostic spirometry in the UK).
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.0%	79.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	5.5% (12)	12.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	64.6%	77.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	10.6% (23)	10.4%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.1%	81.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.6% (21)	11.6%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.5%	76.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.2% (7)	6.2%	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) <small>(QOF)</small>	88.0%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	23.1% (15)	11.2%	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) <small>(QOF)</small>	79.9%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	8.7% (50)	4.5%	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) <small>(QOF)</small>	80.9%	88.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.6% (5)	8.1%	6.7%	N/A

Any additional evidence or comments

The practice demonstrated clear awareness of their QOF performance and a random sample of clinical records we viewed demonstrated clear clinical reasons for excluding patients diagnosed with a long-term condition from QOF data collection. Staff discussed the management of patients diagnosed with diabetes and explained clinicians were working in line with national guidelines which identified increasing evidence that tighter control of glucose and blood pressure in frail elderly patients with diabetes could be harmful. Staff explained, the high percentage of elderly patients registered with the practice as well as national guidelines resulted in QOF outcomes being lower than local and national averages for this indicator. Unpublished data from the 2018/19 QOF year provided by the practice showed that at the time of our inspection, 64% of patients with diabetes, on the registers last blood pressure reading was 140/80 mmHg or less, compared to the national average of 78%, with a 2% exception reporting rate.

We reviewed a random sample of patients' records diagnosed with COPD. The review showed clear clinical reasons for exception reporting. Unpublished data from the 2018/19 QOF year provided by the practice showed at the time of our inspection, 76% of patients diagnosed with COPD had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale, with an 8% exception reporting rate.

Clinical staff carried out bespoke appointments jointly with members of the nursing team for patients with complex chronic diseases.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were 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) <small>(NHS England)</small>	33	34	97.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	33	34	97.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	33	34	97.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	32	34	94.1%	Met 90% minimum (no variation)

Any additional evidence or comments

Members of the nursing team explained the management team effectively monitored childhood immunisation rates and recalled children who failed to be presented for their immunisation appointment.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Unpublished data provided by the practice showed 113 NHS health checks for patients aged 40 to 74 were carried out in the last 12 months. 31% (36) of which were patients who were invited and 68% (77) were carried out opportunistically.
- The uptake of cervical screening was above local and national averages; however, below the 80% coverage rate.

- Breast and bowel cancer screening was above local and national averages.
- 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) <small>(Public Health England)</small>	75.8%	68.1%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) <small>(PHE)</small>	81.0%	63.8%	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) <small>(PHE)</small>	57.2%	44.0%	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) <small>(PHE)</small>	85.7%	74.2%	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) <small>(PHE)</small>	54.5%	52.0%	51.9%	No statistical variation

Any additional evidence or comments

Staff explained cervical screening coverage were routinely discussed during nurse as well as practice meetings. The nursing team had been allocated lead roles to raise awareness of the national screening program and nurses were being trained to increase the number of nurses who carried out cervical screening. The practice contacted secondary care to obtain a list of patients who had missed their screening appointment; these patients were then contacted, and appointments rebooked.

The practice met with facilitators from Cancer Research UK to review their national screening data. Staff explained that they obtained visual aids for the bowel screening process and the practice carried out promotional campaigns around cervical screening. Staff explained bowel scope screening will be rolled out in the area and patients age of 55 will be identified for the screening (screening involves a thin flexible tube with a tiny camera on the end to look at the large bowel). We were told that some patients had been offered this service and staff were providing identified patients with information to raise awareness.

The practice actively signposted identified patients to visit the screening bus which was located in a local supermarket car park. Staff explained the last round of screening was carried out two years ago, however, the screening bus was scheduled to return in 2020.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- Staff from the local hospice, Macmillan and non-clinical case managers attended Gold Standards Framework meetings which were held weekly. Staff explained the clinical case manager supported patients who may not have a social worker allocated with welfare issues, developed social care planning and facilitated access to rap around services. For example, patients with mobility issues were supported with securing installation of stair lifts in their home.
- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability; there were policies in place which enabled homeless people and travellers to register with the practice.
- Clinicians jointly with the nursing team carried out bespoke learning disability clinics and nurses accessed additional training to support them in their role.
- 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 followed up patients with alcohol problems following hospital discharge.
- 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.
- Staff had received dementia training in the last 12 months. There were notice boards in patient waiting areas promoting dementia awareness.
- Personalised appointments for patients diagnosed with dementia and their carers were carried out jointly with GPs and the nursing team.

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)	94.1%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	15.0% (3)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	93.3%	90.0%	Variation (positive)
Exception rate (number of exceptions).	15.0% (3)	7.8%	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)	79.2%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.0%	6.6%	N/A

Any additional evidence or comments

The practice performance on QOF indicators for mental health related conditions showed they were mainly above local and national averages. However, the number of patients excluded from QOF calculations was higher than local and national averages. Staff explained the practice reviewed their data and identified an issue with how patients presenting with short periods of low mood were being recorded. The practice had addressed the identified issues and provided unpublished data from the 2018/19 QOF year which showed at the time of our inspection, the number of patients diagnosed with depression who had a review 10 to 56 days after diagnoses improved from 46% to 85%, compared to the local average of 68% and national averages of 65% and no patients had been excluded.

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)	537.8	545.3	537.5
Overall QOF exception reporting (all domains)	5.3%	6.1%	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 with support from the local clinical commissioning group (CCG) carried out an audit on antibiotic prescribing. The aim of this audit was to promote antimicrobial stewardship (AMS) and encourage prescribers to use the Pan Birmingham Primary Care Antimicrobial Guidelines. The first audit showed 89% of acute prescriptions were issued following a face-to-face consultation, compared to the baseline standard of 95%. 93% of patients had a documented indication for all antibiotic prescriptions issued, compared to the baseline standard of 100%; and the choice of antibiotic which was in line with the Pan Birmingham Primary Care Antimicrobial Guidelines was 75%; compared to the baseline standard of 80%. Members of the senior clinical team shared the results with the practice and circulated national guidelines and clinicians were reminded to follow the PAN Birmingham formulary. The practice revisited this audit which showed the number of acute prescriptions which were issued following a face-to-face consultation increased to 92%, documented indication for all antibiotic prescriptions issued increased to 97%. However, the number of prescriptions which were in line with PAN Birmingham formulary fell to 37%. The practice shared audit outcomes and held further discussions to ensure all prescribers were familiar with updated antimicrobial guidelines including recommended course duration. Prescribers had online access to current guidelines.

The practice with support from the local clinical commissioning group (CCG) carried out an audit on antipsychotic prescribing. The aim of this audit was to review the physical monitoring of patients prescribed antipsychotics. The first audit showed 31% of patients did not have their blood sugar levels coded, 23% did not have their blood pressure coded, 31% did not have their cholesterol coded and 31% did not have a liver function test coded. The practice devised an action plan which included placing alerts on patients records to enable easy identification of patients who were not being monitored effectively. The practice revisited this audit which showed improvements in the monitoring of patients. For example, the number of patients who did not have a liver function test coded decreased to 12%.

Effective staffing

The practice was not routinely able to demonstrate that staff had the skills, knowledge and experience to carry out their roles. Training updates in areas identified by the practice as mandatory training were mainly completed.

	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.	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
<p>Explanation of any answers and additional evidence:</p> <p>The management team used a training matrix to monitor training needs. Staff we spoke with explained their understanding in areas such as fire safety, information governance and infection prevention and control. From the records we viewed most staff had completed training identified by the practice as mandatory training. However, we found some training updates such as fire safety, IPC and information governance had not been completed and the practice were unable to provide assurance that they routinely checked whether clinicians had completed safeguarding training.</p>	

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.	N/A
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.3%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (4)	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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence:	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	46
Number of CQC comments received which were positive about the service.	43
Number of comments cards received which were mixed about the service.	Three
Number of CQC comments received which were negative about the service.	Nil

Source	Feedback
CQC comment cards and	Patients who completed CQC comment cards felt that staff were very friendly, helpful and willing to listen to their concerns. Staff were described as caring, always willing to help; pleasant and respectful.
Patient participation group members (PPG)	PPG members provided positive feedback about the practice staff explaining that staff would go out their way and often above and beyond what was expected to attend to patient's needs. The entire practice staff were described as helpful and caring.
NHS Choices	From patients' feedback recorded on NHS Choices, staff were described as amazing, helpful and very caring. Patients felt receptionists were very polite and went above and beyond to address any queries promptly.

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
2781	230	104	45.2%	3.74%

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)	97.9%	87.7%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	95.6%	85.9%	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)	100.0%	95.4%	95.6%	Variation (positive)
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)	94.9%	81.0%	83.8%	No statistical variation

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

Any additional evidence

Clinicians obtained feedback from patients as part of their appraisal process and the practice obtained feedback from various sources such as friends and family test (FFT), the practice suggestion box as well as verbal feedback following appointments. Data provided by the practice from the January 2019 FFT data collection showed 100% of patients would recommend the practice to a family member or friend.

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
Explanation of any answers and additional evidence:	

Source	Feedback
Completed CQC comment cards	Patients who completed CQC comment cards felt staff accommodated their needs and they felt involved in decisions about their care and treatment. Feedback from PPG members as well as comments placed on NHS Choices were also aligned with these views.

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)	97.6%	92.8%	93.5%	No statistical variation

Any additional evidence or comments

Members of the PPG explained patients were very happy with the service being provided and the practice actively communicated with them regarding any planned or proposed changes.

	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
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 60 patients as carers (2% of the practice list).
How the practice supported carers.	<p>Information leaflets and posters regarding support services were available in the reception area. Staff we spoke with explained that carers were provided with advice, offered flu vaccinations and stress level reviews. Those carers who were not registered patients were also able to access general health care as a temporary patient. The practice had a comprehensive carers pack which included information on a variety of community-based support services. There was a nominated carer lead who maintained the carers list and kept the carers pack updated.</p> <p>The practice identified carers during consultations with patients who were being cared for as well as the new patient registration from. Staff worked through a carers template designed to guide staff with regards to offering help and support for emotional and physical needs.</p>
How the practice supported recently bereaved patients.	<p>If families had suffered bereavement, their usual GP contacted them, and they were invited in to speak with the GPs or sent a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.</p> <p>The practice had bereavement packs which included information and details of support services available for the family.</p>

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
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 12.30 and 3.30pm to 6pm
Tuesday	8.30am to 12.30 and 3.30pm to 6pm
Wednesday	8.30am to 12.30 and 2.30pm to 6pm
Thursday	8.30am to 12.30 and 3.30pm to 6pm
Friday	8.30am to 12.30 and 3.30pm to 6pm
Appointments available:	
Monday	8.30am to 12.30 and 3.30pm to 6pm
Tuesday	8.30am to 12.30 and 3.30pm to 6.30pm
Wednesday	8.30am to 12.30 and 2.30pm to 6pm
Thursday	8.30am to 12.30 and 3.30pm to 6pm
Friday	8.30am to 12.30 and 3.30pm to 6pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2781	230	104	45.2%	3.74%

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)	100.0%	94.4%	94.8%	Variation (positive)

Any additional evidence or comments

Extended hours were provided on Mondays from 6.30pm to 7.10pm.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- Staff actively signposted patients to external services such as Age concern who provided schemes such as befriending service as well as a handy man scheme where they carried out general home improvements.
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice provided in house access to phlebotomy service as well as electrocardiogram monitoring (ECG is a test that can be used to check your heart's rhythm and electrical activity). The nursing team were trained were trained to perform ECGs.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 7pm on a Monday for school age children so that they did not need to miss school.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7.10pm on a Monday. Pre-bookable appointments were also available to all patients at a local surgery provided by Our Health Partnership (OHP) Hub. Appointments were available evenings from 6pm to 8.30pm Mondays to Fridays; Saturdays and Sundays 12.00 to 3pm.
- The practice provided on-line access to appointments, repeat prescriptions and medical records for patients who registered for this service. The practice also provided a text messaging service to remind patients of their appointments as well as disseminating information such as health campaigns.
- The practice actively used the electronic prescribing service (EPS) so that prescriptions could be electronically sent to a pharmacy chosen by patients.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice offered same day appointments as well as daily telephone triage and call backs from individual clinicians.
- 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.
- The practice worked with an on-clinical senior case manager who supported patients who may not have a social worker allocated with welfare issues and aided access to rap around services.
- A bereavement counsellor attended the practice which enabled timely access to bereavement counselling.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- We saw that patients on the mental health register and those with dementia had a care plan and an annual health check.
- Staff explained patients were inspired by a local group who knitted twiddle muffs and had started knitting their own twiddle muffs. There were plans in place to hand these out during dementia review appointments. (Twiddle muffs are knitted muffs with items attached to keep dementia patients' hands active and busy).
- The practice maintained a carers register and the practice used this information to target and offer annual flu vaccinations.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence:	

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)	84.0%	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)	72.9%	62.4%	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)	78.8%	62.8%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	79.7%	69.8%	74.4%	No statistical variation

Source	Feedback
CQC Comment cards	Completed CQC comment cards showed that patients felt that they were able to access appointments.
Patient Participation Group (PPG) members	PPG members we spoke with during our inspection were very positive about access to clinical staff. For example, PPG members explained they were always able to speak to a clinician by phone or in person if required. They also explained the Hub access was a very positive move to improving access.
NHS Choices	Patient comments placed on NHS Choices website showed patients were satisfied

	with the appointment system and their experience of getting through to the practice by phone. Patients who placed comments on NHS choices felt getting to see a GP or practice nurse was never an issue and patients never felt like a burden.
Friends and Family Test (FFT)	Completed FFT comment cards showed patients were able to get an appointment when needed and staff were very approachable. Data provided by the practice showed they received eight completed FFT cards during January 2019 and 100% would recommend the practice to a friend or family member.

Listening and learning from concerns and complaints

The practice had a system for managing complaints.

Complaints	
Number of complaints received in the last year.	Nil
Number of complaints we examined.	Nil
Number of complaints we examined that were satisfactorily handled in a timely way.	N/A
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	N/A

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	N/A
Explanation of any answers and additional evidence: Staff we spoke with were able to describe the processes for managing complaints and explained that the practice had not received any complaints in the last 12 months. We saw complaints leaflets and forms were located in patient waiting areas.	

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The management team were aware of the challenges faced within the local community. The providers had a realistic strategy and supporting objectives to respond to these challenges. For example, the providers were aware of areas such as patients stockpiling medicines as well as risk relating to grandparents on multiple medicines in caring roles such as caring for grandchildren. Staff we spoke with explained that the partners and management team were visible and approachable. Staff described the practice team as a family and very supportive. There was a systematic approach which supported leaders when working with stakeholders to improve care outcomes.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: Staff we spoke with demonstrated clear understanding of the practice vision, value and strategy which they applied to their role.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with explained they felt a valued member of the practice team. Members of the practice management team demonstrated how they used meetings to involve and actively engage staff in discussions regarding changes within the practice.</p> <p>Although the practice had not received any complaints in the last 12 months, incident records we viewed showed that patients who were affected by an incident received an apology.</p>	

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

Source	Feedback
Staff	Non-clinical staff explained that the practice was very supportive and promoted equality and diversity for all staff members. The management team held team building events and the practice also attended charity events as a team during the festive season.
Policies	Practice policies were in place which supported leaders to act on behaviours and performance inconsistent with the vision and values of the practice.
Policies and staff interviews	The practice had processes which enabled the management team to take action to promote equality and diversity. For example, flexible working options were available, managers were aware of options available to ensure staff maintained a work life balance and staff were confident that they would receive support if they needed time off to care for a child or family member.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
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: Oversight of governance arrangements within the practice was mainly managed effectively. Although staff demonstrated how they were recording and investigated incidents, the practice did not have a supporting policy. Following our inspection, the practice reviewed this and introduced an incident reporting policy. Staff we spoke with demonstrated competencies to carry out their role effectively; however, oversight of training updates were not managed effectively and records we viewed showed some training updates identified by the practice as mandatory training had not been completed.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Partial
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>The management team proactively worked with stakeholders actively engaged in pilot projects. For example, the practice was involved in a medicine waste project aimed at reducing risks to patient safety, and any associated increase in waste medicines, are minimised. Staff we spoke with explained the practice reviewed their repeat prescribing protocols and liaised with a number of patients as well as PPG members to understand how repeat prescriptions were being ordered and to gain patient views on waste medicines. The practice contacted local pharmacies and explained with the exception of vulnerable patients, repeat prescription ordering services (RPOS) will no longer be accepted by the practice. The practice promoted the use of electronic prescribing service (EPS) and unpublished data provided by the practice showed the number of patients registered for EPS increased from 10% to 85%.</p> <p>Although the practice operated a process for undertaking criminal record checks at the appropriate level for clinical staff, a process for assessing the different responsibilities and activities of non-clinical staff to determine if they were eligible for a DBS check and to what level had not been established. We found that non-clinical staff who were carrying out chaperoning duties when needed did not have a DBS check; however, had a risk assessment in place.</p> <p>The practice carried out a risk assessment to mitigate risks relating to emergency medicines which were not available to the clinical team within the practice or GPs home visit bag. However, the risk assessment did not detail alternative arrangements' which staff would follow in the event of a medical emergency. Following our inspection, the practice reviewed their risk assessment and provided an updated version which included arrangements with neighbouring pharmacies who stocked a wide range of emergency medicines.</p> <p>Staff we spoke with demonstrated clear awareness of how to respond to major incidents; however, training records showed fire safety training updates which the practice identified as mandatory training were not routinely completed. Following our inspection, the practice provided evidence of an action plan which showed staff were required to complete fire safety training by July 2019.</p>	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: From the records we viewed staff had received an appraisal in the last 12 months. The practice used an e-learning platform to manage staff training; however, we found staff were not routinely completing training which the provider had identified as mandatory training.	

Engagement with patients, the public, staff and external partners

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

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

Feedback from Patient Participation Group.

Feedback
Members of the PPG we spoke with during our inspection, felt involved in the running of the practice and were included in any discussions regarding any proposed changes. The PPG explained the practice responded to feedback. For example, following a request from patients the practice provided awareness sessions to provide clarity regarding treatment for varicose veins. PPG members also explained the practice raised patient's awareness regarding the effect of medicine waste and risks associated with stockpiling medicines.

Any additional evidence

Staff we spoke with felt that the management team was accessible and explained that their opinions regarding the running of the practice were valued and had been taken seriously. The management team had an open door policy which encouraged timely interaction with clinical and non-clinical staff.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: Oversight of systems for managing significant events showed that these were investigated and responded to in a timely manner with clear evidence of shared learning. The practice had a system in place for managing complaints in a timely manner.	

Examples of continuous learning and improvement

Members of the clinical management team demonstrated awareness of NICE guidelines and engaged in pilots to support the development of guidelines. For example, the practice explained they were involved in a pilot aimed at improving the management of type two diabetes in primary care. This included offering identified patients lifestyle advice to support achievement and maintenance of their condition; as well as relaxing treatment targets for patients who are elderly or frail.

The clinical team were actively working with the local Area Prescribing Committee (APC) to develop clinical pathways for Atrial Fibrillation (AF) detection and management. Staff explained that this was aimed at improving better management of conditions such as reinforcing lifestyle advice.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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