

Care Quality Commission

Inspection Evidence Table

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Inspection date: 18 March 2019

Date of data download: 13 March 2019

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

Overall rating: Good

At the last inspection in April 2018 we rated the practice as inadequate. The practice was placed in special measures because:

- The practice did not have clear systems to manage risk so that safety incidents were less likely to happen.
- The practice did not have an effective system to manage infection prevention and control.
- The practice did not have a systematic approach for health and safety audits.
- The practice did not have reliable systems for appropriate and safe handling of medicines.
- Clinical audits did not include measurable outcomes, nor were they effectively used to drive quality improvement.
- Not all leaders were visible in the practice and there was a lack of oversight in areas such as clinical governance, risk assessments recruitment and future planning.

At this inspection, we found that the provider had satisfactorily addressed these areas.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

Safe

Rating: Good

At the last inspection in May 2018 we rated the practice as Inadequate for providing safe services because:

- The practice did not have clear systems to manage risks so that safety incidents were less likely to happen.
- The practice did not have an effective system to manage infection prevention and control.
- The practice did not have a systematic approach for health and safety audits.
- The practice did not have reliable systems for appropriate and safe handling of medicines.

At this inspection, we found that the provider had satisfactorily addressed these areas and is now rated good for providing safe services.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: At the last inspection we found that whilst had child and adult safeguarding policies. However, these did not always contain accurate or sufficient detail. The policy was not dated or signed nor did it have a review date. This was true of other some polices The practice had appointed a member of staff to manage and maintain policies. This was new appointment. The staff member had developed a matrix of the practice policies so that there was a schedule to help ensure they were up date and contained the correct information. The policies we saw	

Safeguarding	Y/N/Partial
were dated, signed and had a review date. For example, we checked the safeguarding policy. It was up to date. It contained the correct information on whom to contact for safeguarding issues.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we found that the practice's recruitment policy was not implemented effectively. For example, the policy stated that references will be sought for the successful applicant. We reviewed staff files and none contained any references.</p> <p>We looked at the files of staff recruited since the last inspection. The files contained the necessary recruitment checks including, proof of identity and references.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 6 April 2018	Yes
There was a record of equipment calibration. Date of last calibration: 6 April 2018	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 20 November 2018	Yes
There was a log of fire drills. Date of last drill: 20 November 2018	Yes
There was a record of fire alarm checks. Date of last check: Weekly checks last check 14 March 2018	Yes
There was a record of fire training for staff. Date of last training: 17 October 2018	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 7 March 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: At the last inspection we found that actions from health and safety assessments included manual handling training for staff had not been carried out. At this inspection actions from a health and safety assessment including manual handling training for staff had been completed. For example, we saw that manual handling training had been completed in September and October 2018.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 6 March 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 6 March 2019	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:19 February 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The practice building had undergone substantial refurbishment since the last inspection. This had been completed in compliance with the most recent guidance on infection prevention control in the built environment. At the last inspection we found that whilst there were daily, weekly, monthly and annual cleaning schedules they were not routinely completed. At this inspection we saw that there were. The practice had spill kits to manage bodily fluid spillages such as blood and vomit. All staff knew where these were stored.	

Risks to patients

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

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

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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we found that the practice had not conducted a risk assessment for legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings). At this inspection we found that there had been a legionella risk assessment and record of the actions taken to reduce the risk of Legionella.</p> <p>There had been training, in the form of e-learning between May and September 2018, for clinical and non-clinical staff in identifying and acting on the signs of severe infections such as sepsis. There was also written guidance on the subject available to reception staff.</p>	

Information to deliver safe care and treatment

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

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

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>	1.08	1.04	0.94	No comparison available
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>	15.1%	8.9%	8.7%	No comparison available
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 <small>(NHSBSA)</small>	No Data available	No Data available	No Data available	No comparison available
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) <small>(NHSBSA)</small>	No Data available	No Data available	No Data available	No comparison available

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS	Yes

Medicines management	Y/N/Partial
England Area Team Controlled Drugs Accountable Officer.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence: We discussed the high level of prescribing for amoxiclav, cephalosporins and quinolones. The practice had completed an audit. They had discussed the findings and how the level might be reduced. At the time of the inspection the practice showed that it had audited the use of these medicines and their use had been reduced.	

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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Six
Number of events that required action:	Six

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

Event	Specific action taken
A medicine was missing from a patient's	The practice investigated and discussed the issue with the

prescription when they collected it from the pharmacy	pharmacy. As a result, there were new protocols to ensure better checking of prescriptions and improved communication with local pharmacies.
Patients notes had been incorrectly scanned on the wrong record. The patient's names were the same.	After investigation staff were reminded, in a team meeting, to ensure that the patient's date of birth was always checked as well as the patient's name. Items for scanning were sorted, marked and clipped into bundles. There was a folder for one sided documents to be scanned, a folder for double sided scanning, a folder for documents of greater length and so on. This made the processes clearer to the scanner. It was therefore less likely that mistakes, such as putting two sheets in scanner or not scanning the reverse of a two-sided document, would happen.

Safety alerts		Y/N/Partial
There was a system for recording and acting on safety alerts.		Yes
Staff understood how to deal with alerts.		Yes

Effective

Rating: Good

At the last inspection in May 2018 we rated the practice as requires improvement for providing effective services because:

The practice was rated as requires improvement because:

- Audits did not include measurable outcomes, nor were they effectively used to drive quality improvement.
- Not all staff had completed essential training.
- Systems to ensure the competence of staff employed in advanced roles was not always effective.

At this inspection, we found that the provider had satisfactorily addressed these areas and is now rated good for providing effective services.

Effective needs assessment, care and treatment

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

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

Prescribing	Practice	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.15	0.83	0.81	No comparison available

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none">• 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.
- The practice cared for patients in both nursing homes and care homes. Many of these patients were prescribed more than one medicine. The practice pharmacist visited these patients regularly to review their medicines.
- The practice participated in local multidisciplinary (MDT) meetings, twice a month to discuss and arrange extra help for older patients who were frail or in need of additional assistance. The Multidisciplinary Team, represented a range of local providers such as community nursing, mental health, social and ambulance services. Complex patients were discussed and coordinated action taken.

People with long-term conditions

Population group rating: Requires improvement.

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. However indicators for patients with diabetes indicated a need to improve their care and treatment.
- 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.
- The practice used a, Clinical Commissioning Group supported, system to analyse patient data, in particular prescribing and monitoring data. The system monitored prescribing to help ensure safe and appropriate prescribing. We saw evidence that alerts, from the system, had been promptly acted upon in the best interest of patient and medicines safety.

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)	65.1%	78.1%	78.8%	No comparison available
Exception rate (number of exceptions).	8.2% (27)	11.7%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure	93.8%	75.3%	77.7%	No comparison available

reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>					
Exception rate (number of exceptions).	7.6%	(25)	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>	68.0%		80.3%	80.1%	No comparison available
Exception rate (number of exceptions).	7.6%	(25)	13.8%	13.5%	N/A

Other long-term conditions	Practice		CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	79.7%		71.1%	76.0%	No comparison available
Exception rate (number of exceptions).	2.2%	(5)	10.7%	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)	95.5%		87.2%	89.7%	No comparison available
Exception rate (number of exceptions).	3.5%	(4)	11.5%	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>	86.2%	79.8%	82.6%	No comparison available
Exception rate (number of exceptions).	2.8% (29)	4.6%	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>	98.7%	81.8%	90.0%	No comparison available
Exception rate (number of exceptions).	19.4% (38)	5.0%	6.7%	N/A

Any additional evidence or comments

We discussed the mixed results for diabetic management. For example, in one area IFCC-HbA1c, a measure of blood sugar over time, the results were below the local and national average, in another area with fundamentally the same cohort of patients, the control of blood pressure in diabetic patients the results were above the local and national average.

The practice pointed to other areas where diabetic management was effective. For example, 98% of diabetic patients had foot examination and 100% of diabetic patients had had an influenza immunisation in the last year, compared with local figures of 86% and 93% respectively.

We discussed the high exception reporting rate for atrial fibrillation. The practice could not offer an explanation. However, practice was aware of this and the practice pharmacist was conducting an audit of the data to try and establish the reasons.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice 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.

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) (to) NHS England)England)	17	18	94.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (to) (NHS England)England)	36	38	94.7%	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) (to) (NHS England)England)	35	38	92.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (to) (NHS England)	35	38	92.1%	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.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. The practice had been using mobile telephone text messaging to patients from this group to encourage them to make use of electronic access to make appointments, request repeat prescriptions and view their medical records.

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)	68.7%	74.5%	71.7%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.5%	74.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	59.9%	57.8%	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. (PHE)	61.8%	69.5%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	55.6%	58.2%	51.9%	No comparison available

Any additional evidence or comments

The practice was aware that the uptake of women having cervical smears was below the national average. This had been the case for some time and had been mentioned in the last CQC report. The practice wrote to women who had not taken up the offer of a smear test to remind them of its importance. The practice nurse had put up posters in waiting area to help encourage take up. Despite this the take up remained low. The practice showed evidence that other nearby practices had had a similar, or worse, fall off in the rate. The practice also pointed out that there were community facilities nearby where women could have the smear test done. Unless the patient chose to share the information, the practice might not be aware that a patient had had the test.

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 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.

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. There was an effective system to monitor whether such patients were receiving their depot injections. The nursing staff maintained a register where each attendance (or non-attendance) was noted. We saw that the staff followed up on patients who did not attend. Staff made allowances for such patients, sometimes chaotic, lifestyles. We saw that staff would, if necessary, change appointment schedules to see these patients.
- 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.

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) <small>(QOF)</small>	100.0%	85.9%	89.5%	No comparison available
Exception rate (number of exceptions).	3.1% (1)	14.5%	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) <small>(QOF)</small>	100.0%	85.4%	90.0%	No comparison available
Exception rate (number of exceptions).	3.1% (1)	11.8%	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) <small>(QOF)</small>	98.6%	82.5%	83.0%	No comparison available
Exception rate (number of exceptions).	6.6% (5)	5.4%	6.6%	N/A

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)	540	Data Unavailable	537.5
Overall QOF exception reporting	5.8%	Data Unavailable	5.8%

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

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

<p>At the last inspection we found that whilst there was evidence of quality improvement activity and audits, none the audits included measurable outcomes, nor were they consistently driving improvement.</p> <p>At this inspection we looked at eight quality improvement initiatives, all undertaken or worked on since the last inspection. These included, but were not confined to, audits of minor surgery and joint injections, an audit of the removal of intrauterine devices and medicines audits. There was evidence that audits were used to drive improvement.</p> <p>There was an audit of patients with long term conditions such as heart failure and diabetes because it was recognised that patients with these conditions are more likely to suffer from depression. The first cycle was an audit of a range of patients across this group. It identified that 11.5% had been screened for depression. This had been discussed at a clinical meeting with doctors, nurses and healthcare staff. The practice had put in place systems to increase the rate of screening for these patients. A second cycle was planned to test whether the new approach was effective in increasing the number of patients screened.</p> <p>There had been an audit of a medicine, with known side effects, used to treat high blood pressure. As a result of the audit 26 patients had been identified who could be safely changed to a medicine which did not have the side effects and alternative medicines had been prescribed for these patients.</p> <p>There had been an audit of the prescribing of antibiotics. A first cycle had identified areas where antibiotic prescribing could be reduced or changed to a different antibiotic. A second cycle, in</p>
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September 2018, to match with corresponding month in the previous audit identified that the practice had issued 68 fewer prescriptions for antibiotics. It had identified that the antibiotics that were prescribed were more in line with the local guidance on antibiotic stewardship. The practice had implemented their own formulary for more effective antibiotic prescribing.

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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we found that the practice did not always understand the learning needs of staff. For example, records showed that not all staff were up to date with basic life support training. Also, the practice did not have a system to help ensure the competence of staff employed in advanced roles.</p> <p>At this inspection we found that the practice had developed a system to identify staff training needs and to meet them. All relevant staff had completed required training such as basic life support and safeguarding. There had been training, in the form of e-learning between May and September 2018, for clinical and non-clinical staff in identifying and acting on the signs of severe infections such as sepsis.</p> <p>Staff completing advanced roles such as the diabetic nurse had completed training appropriate to the role. Staff told us that the practice supported and encouraged their development financially and by organising leave where necessary.</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)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.5%	93.7%	95.1%	No comparison available
Exception rate (number of exceptions).	0.5% (8)	0.7%	0.8%	N/A

Consent to care and treatment

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

legislation and guidance.

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

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	31
Number of CQC comments received which were wholly positive about the service.	28
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were wholly negative about the service.	none

Source	Feedback
CQC comment card	<p>There were 31 comment cards. Fifteen comments cards used the word caring, or a derivative thereof. Six cards mentioned the listening skills of the staff. There were three negative comments, all within cards that had positive aspects. Two concerned the attitude of doctors and in one case patient felt rushed during a consultation.</p> <p>Three comments specifically mentioned the very caring attitude displayed by the doctors when conducting home visit for dying patients.</p>
NHS Choices	<p>There had been 16 reviews over the last two years and this rated the practice as 4* out of 5.</p> <p>Ten reviews awarded 5*, two reviews awarded 4*, one review 3* and three reviews 1*. The positive aspects were compassionate and caring clinical staff, helpful reception staff and the listening skills of all staff.</p> <p>Two 1* reviews were posted on the NHS choices website on the same day and concerned the same issues, one by a reviewer under a pseudonym and one anonymously. The negative aspects were a lack of compassion, a failure to provide care and staff who did not listen.</p>

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
Not available	228	108	47.4%	Not available

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)	87.7%	86.3%	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)	85.8%	85.2%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.6%	95.2%	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)	90.4%	81.7%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice used the text reminder system to receive feedback from those patients with mobile telephones who had subscribed to it. The great majority of feedback was positive. The main negative comment related to the time patients waited to be seen after their designated appointment time. The practice recognised this and took steps to improve the patient's experience. Steps included: making clinic appointments available to book one month in advance so that patients did not face long delays for their follow up appointments, reception staff keeping patients informed, both of the length of delay and reasons for it, and clinical staff apologising on those occasions where they were running late.</p>	

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	We spoke with six patients. All said that they thought the practice was caring. They said that staff, both clinical and administrative, were extremely helpful. They gave examples of staff making extra efforts to make sure that they, the patients, received the care they needed to maintain and enhance their wellbeing. For example, doctors following up home visits by telephoning to check whether the patient was recovering as expected. They said that when they became aware that the practice was in special measures they were shocked as this was quite contrary to their experiences of dealing with the practice. This was the view of all the patients with whom we spoke.

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	97.6%	92.7%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)				

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

Carers	Narrative
Percentage and number of carers identified.	Fifty three patients were identified as carers. This represented about 1% of the practice population.
How the practice supported carers.	<p>The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them. Patients who were also carers were offered influenza vaccinations annually. The practice's computer system alerted staff if a patient was also known to be a carer or where a patient had a carer.</p> <p>In suitable cases carer were referred to the local a social action charity, aiming to support people's independence and reduce social isolation</p>
How the practice supported recently bereaved patients.	<p>All bereavements are notified to all staff so they are aware when talking to relatives. Relatives were offered a consultation either by telephone or a home visit.</p> <p>The practice also provided help by signposting relatives to other support services where appropriate.</p> <p>Three patients' comments cards mentioned the very caring attitude displayed by the doctors when conducting home visit for dying patients.</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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

At the last inspection in May 2018 we rated the practice as requires improvement for providing responsive services because:

- There were no extended opening hours.
- The practice had only registered 6% of their patient list for online services.
- The practice did not have a website.
- The practice did not have a systematic approach for learning lessons from individual concerns, complaints and from analysis of trends,

At this inspection, we found that the provider had satisfactorily addressed these areas and is now rated good for providing responsive services.

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: The practice had an informative website constructed and maintained to standard comparable to other practices. The practice had registered 18% of their patient list for online services.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 6pm

Thursday	8am – 6pm
Friday	8am – 6pm
Appointments available:	
Monday	9am – 5.30pm
Tuesday	9am – 5.30pm
Wednesday	9am – 5.30pm
Thursday	9am – 5.30pm
Friday	9am – 5.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
Not available	228	108	47.4%	Not available

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)	97.7%	95.7%	94.8%	No statistical variation

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.
- The practice looked after patients in several nursing and care homes and carried out weekly “ward rounds” as well as visiting patients when requested.

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.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available 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.

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. For example, the practice texted patients from this group to encourage them to make use of the practice's electronic services for ordering prescriptions and making appointments.
- Appointments were available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments, for minor illness, were available from 8am to 8pm Monday to Friday and on Saturday and Sunday 10am until 4pm.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including 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. For example, these patients were offered appointments at quieter times of the day so the environment was more relaxed.

People experiencing poor mental health

Population group rating: Good

(including people with dementia)

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health. Patients with poor mental health were seen, for their depot medicine injections, even if they attended outside of their appointment times
- 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 able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: Extended hours were provided, through a collaboration with other GP practices, in the form of minor illness centres and a home visiting services. This provided cover from 8am to 8pm Monday to Friday and more limited hours during the weekend.	

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)	85.8%	N/A	70.3%	-
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)	89.9%	67.9%	68.6%	Variation (positive)
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)	74.7%	66.1%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	91.9%	75.3%	74.4%	Variation (positive)

Any additional evidence or comments

There was a strong ethos that the patients' needs come first. We saw notices reminding staff that if they felt patients needed to be seen they should be booked in for an appointment. All the clinical staff accepted that meant, on occasion, that sessions would overrun but all supported this ethos. This was reflected in the practice survey results which were better than those locally and nationally.

Source	Feedback
CQC comment cards	There were 31 comment cards. We assessed the cards for information relevant to the responsive domain. Seven patients' cards commented that they found it easy to get appointments. Four cards mentioned that it was easy to get through on the telephone. One patient mentioned that they sometimes had to wait after their appointment time, however they were not concerned as they felt that during their consultation they were given enough time. However, another patient felt that time spent waiting after the appointment time had decreased in the past year.

Complaints were listened and responded to and used to improve the quality of care.

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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice was aware of compliments and complaints made on feedback platforms such as NHS choices.</p> <p>The practice recorded verbal and written complaints and concerns. When a patient had a complaint, the principal GP spoke with them personally to try and allay any sense of grievance and to understand what had caused the complaint.</p> <p>Complaints were discussed at practice meeting and the minutes circulated to staff who were not able to attend.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
There was a complaint about a diagnosis given to a patient.	The practice investigated the complaint immediately. The cause of the complaint appeared to be communication, in that the patient had not been told or did not understand that the condition was likely to get worse before getting better. This was explained to the patient. It was discussed with the clinician making the diagnosis to help ensure that such complaints did not happen again. The learning was also shared at a practice meeting.
Although not a formal complaint a patient	The practice talked with the patient and offered an

had express dissatisfaction about a clinical staff member's attitude.	appointment with alternative clinical staff member. The complaint was discussed with the clinician who accepted that they could have improved their communication with the patient.
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Well Led

Rating: Good

At the last inspection in May 2018 we rated the practice as inadequate for providing well led services because:

- There was a lack of leadership oversight in relation to staff roles and responsibilities.
- Staff were not always provided with the skills development they needed.
- Governance documents were not always effectively implemented.
- The processes for managing risks, issues and performance were not always effectively implemented.
- The needs of the patient population were not reviewed.
- There was no effective approach to identifying areas for improvement.

At this inspection, we found that the provider had satisfactorily addressed these areas and is now rated good for providing well led services.

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
Following the last inspection leaders acknowledged that there had been an absence of leadership at some levels. We found that clinical and managerial leaders now spent more time on the premises dealing with matters as they arose.	

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.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and	Yes

external partners.	
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we saw that there was a vision and set of values. However, not all areas of this were implemented effectively.</p> <p>At this inspection leaders supervised and monitored these activities. There were plans on how to address the issues raised by the last inspection and these were regularly reviewed.</p>	

Culture

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

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

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

Source	Feedback
Staff interviews	<p>Members of staff we spoke with said the practice was very supportive. Opportunities for training were offered to them and, if the training was relevant to the role, they were supported to attend.</p> <p>Nursing staff and non-medical prescribers told us that they received regular supervision of their practice from the GPs.</p> <p>Staff told us that, after the last inspection, they had worked very hard as a team to address the issues that the inspection had raised. They said that there had been visible leadership which had made them aware of how the plans to address the issues were progressing.</p> <p>Staff were able to attend practice meetings and their contributions to the meetings were welcomed. We saw evidence that staff suggestions drove change. For example, staff had proposed an improvement to the system for recording changes to patients' prescribed medicines which made the records</p>

	more accountable. This had been accepted by the practice management.
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Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
At the last inspection the practice had a range of governance documents. However, we found that these were not always effectively implemented.	
At this inspection we saw that governance was subject to scrutiny. The practice had appointed a new staff member to ensure policies were relevant and up to date. Health and safety assessments were acted upon. For example, the legionella assessment had recommended some routine procedures to reduce risks, such as running taps for a time in areas where they had not been used. We saw that these actions were monitored and acted upon.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
After the last inspection the practice leadership had talked with all the staff to find out how each staff member could contribute to addressing the issues the inspection had raised. Staff were told that the practice did not consider that any staff were at fault over the inspection findings. The practice leadership accepted entirely the finding of the inspection. The practice made clear that the objective was to work together as a team to correct the issues raised and make the practice safer for the patients. The whole	

practice team worked together. There was an action plan with staff members allocated actions according to their areas of expertise. There were regular meetings, both whole practice meetings and smaller group meeting to monitor progress. The practice was able to show how they had identified the root causes of the problems and worked to correct them.

For example, the practice had completed a comprehensive infection prevention control audit. The actions had been prioritised and most completed. We saw the remaining priorities such as some new chairs were on the action plan to be purchased.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
The practice used a, Clinical Commissioning Group supported, system to analyse patient data, in particular prescribing and monitoring data. The system monitored prescribing to help ensure safe and appropriate prescribing. We saw evidence that alerts, from the system, had been promptly acted upon in the best interest of patient and medicines safety. The system identified patients at an increased risk of an emergency admission to hospital because of the medicines they were prescribed and alerted the GPs using a red and amber system so that data indicating the need for a swift response was highlighted.	

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.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Feedback had shown that patients felt the physical structure of the practice needed updating and modernisation. We saw that there had been an extensive refurbishment programme. The waiting room had been redecorated and had new furniture. This included chairs with arms which were helpful to patients, usually older patients, who had mobility problems. All the clinical rooms had been decorated and updated. Each had new desks, trolleys, cupboards and work surfaces. All clutter had been removed. The flooring had been replaced. Each clinical room had a chair, for patients, with an arm rest, as well as one without. The refurbishment work had been completed to the standards required by the Health Building Note 00-09: Infection control in the built environment.	

Feedback from Patient Participation Group (PPG).

Feedback
We spoke with two members of the PPG. They told us that the practice was open and transparent. They had frankly discussed the outcome of the last inspection. The PPG members said that they did not feel that the report, and placing the practice in special measures, reflected the care that they themselves received from the practice. They said that they had been consulted about the practice response to the report. For example, in some areas of refurbishment such as colour schemes.
The PPG had discussed with the practice that there were no female doctors available. The practice was receptive to this. They had tried to recruit a female GP but had been unsuccessful. These efforts were against a background of considerable difficulty in recruiting GPs, and other clinical staff, locally.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement

The practice was a member of the local GP Federation. The practice had worked collaboratively within the federation to develop a minor illness service. This made available an extended hours service to their patients.

The practice worked with neighbouring practices to make the best use of resources for the benefit of the most vulnerable patients or those with the greatest needs. The principal GP chaired the local multi-disciplinary team (MDT) meetings to direct resources to these patients. These meeting comprised representatives from the relevant services such as, mental health, social services, care navigation, ambulance and community services. For example, in one case a patient was frequently admitted to Accident and Emergency. Their needs were discussed at the MDT which included, amongst others, a consultant from the local Accident and Emergency Unit. The meeting developed a strategy to help the patient avoid admission and the care navigator was responsible for coordinating the various elements of the plan to help ensure its effectiveness.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **RCP:** Royal College of Physicians.
- **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.