

Care Quality Commission

Inspection Evidence Table

Dr Mark Stevens (1-506812065)

Inspection date: 20 and 21 March 2019 and 10 April 2019

Date of data download: 07 March 2019

Overall rating: Inadequate

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

The practice was rated as inadequate for the provision of safe, effective and well-led services. The practice was rated as requires improvement for the provision of responsive and caring services, thus an overall rating of inadequate.

The concerns identified in the effective and responsive key question affected all population groups so we rated all population groups as inadequate in effective and requires improvement in responsive.

At our previous comprehensive inspection on 11 January 2018, we rated the practice and all of the population groups, requires improvement for providing responsive services. This was because:

Safe

Rating: Inadequate

At our last inspection in July 2018 we rated the practice as inadequate for providing safe services. This was because;

- When incoming correspondence was received in the practice, sufficient or accurate information was not always added to the patient record.
- There was still a backlog of summarising of patient care records which meant that clinical information about patients may not have been transferred to the patients' electronic records in a timely manner; therefore, important information might not be available to clinical staff.
- The system for safeguarding children required further improvement.
- Since our last visit, the practice had not ensured GP locums who worked in the practice received an induction, despite having a formal policy and induction process in place since July 2018. One of the GP locum files we viewed did not evidence appropriate checks.

At this inspection we found that there had been no improvement.

Safeguarding processes were still not effective and whilst summarising was now in place reviews of this

showed that patients records had not been summarised accurately. The recruitment and induction process that had been put into place had not been followed for the recruitment of a locum GP.

Medicines were being prescribed that were not in line with national guidance.

The practice had not signed up to receive all the medicines and safety alerts.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	No
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
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.	Partial
Explanation of any answers and additional evidence:	
<p>We reviewed the practice's safeguarding register and we were not able to distinguish what circumstances made the patients vulnerable. For example, it did not identify which children were subject to a child protection plan, which children were a looked after child etc. The register was also combined and included adults and children. We found that safeguarding alerts had not always been added to a patient's record. We found three patients who were on the register that did not have an alert on their record and it was unclear why they were on the safeguarding register. We also found one patient had an alert to indicate they were on a child protection plan, however the patient was an adult. We also found that there was no safeguarding alert on a patient's record who had a history of domestic violence.</p> <p>We reviewed the safeguarding minutes from a meeting which took place on 18 March 2019. The minutes consisted of writing notes next to the patient details on the register. It was not clear what had been discussed or what action had been taken. There were 65 patients on the safeguarding register, of these, 23 had 'see notes' written in the minutes. When we checked the patient records, some of these had an</p>	

Safeguarding	Y/N/Partial
entry which stated, 'discussed at safeguarding meeting on 18.03.19,' and no further information regarding the discussion was recorded. We saw that external professionals attended the safeguarding meeting but the lack of information and detail within the minutes and patient records meant we could not be assured that the discussion during the safeguarding meeting had been appropriately documented and any suggested action or follow up had been completed.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Since our last inspection, the practice had introduced a new recruitment process which included a checklist of documents the provider must see before a person could start work. The process also included a further induction checklist which was to be completed when a new staff member started work. We found that the provider did not follow their own recruitment and induction policy when sourcing locum cover.</p> <p>For example, the provider was due to go on annual leave for one day and recruited locum cover not via an agency or local network as per their policy. There was a checklist of the required documents which the practice must receive prior to the locum starting. We found that most documents were provided to the practice in advance of the locum starting, except for the DBS certificate. This was not provided until the morning the locum arrived to cover the provider's absence. The DBS certificate did raise concerns about the suitability of the locum. The practice did not undertake all the necessary checks, nor had a risk assessment been undertaken to assess the locum's suitability to undertake work at the practice and if necessary what mitigation the provider had put in place to reduce any possible risks to patients to ensure they were suitable to work.</p> <p>During the inspection we checked that all staff within the practice had the necessary levels of indemnity insurance. We found that two staff members appeared not to have any cover in place. We saw that an application had been submitted during our first day of inspection to an insurance company for one staff member which would be processed within 28 days of our visit. The provider sent us confirmation following our visit that indemnity was in place for the other staff member.</p> <p>We found that immunisation records for all staff were not available.</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: 10 January 2019	Y
There was a record of equipment calibration. Date of last calibration: 19 January 2019	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: 28 February 2019	Y
There was a log of fire drills. Date of last drill: 19 July 2018	Y
There was a record of fire alarm checks. Date of last check: 14 March 2019	Y
There was a record of fire training for staff. Date of last training: 15 February 2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 18 February 2018, reviewed 9 January 2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: January 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1 August 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: 11 January 2019	Y
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:	

Risks to patients

There were gaps in 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.	Partial
There was an effective induction system for temporary staff tailored to their role.	Partial
Comprehensive risk assessments were carried out for patients.	N
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.	Partial
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Partial
There was a process in the practice for urgent clinical review of such patients.	Partial
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.	Partial
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:	
<p>We saw that when a locum was used during February 2019, an induction had not been undertaken. The provider acknowledged this and was not able to provide a reason why, even though there was a process in place. We saw that a different locum was used between 21 March and 10 April 2019 and all relevant recruitment and induction processes had been followed.</p> <p>We found that a patient with symptoms that indicated sepsis had not been dealt with in accordance to NICE guidance. We discussed this with the provider on the 10 April 2019 during our third inspection day, the provider demonstrated how the assessment was undertaken but it appeared that they had</p>	

interpreted the guidance incorrectly. The patient had not been admitted to hospital and instead was sent home and advice was given to call for ambulance if the patient deteriorated. We were concerned that the practice had not followed up this patient to ensure they remained safe and we raised this with the CCG who followed up our concern.

We found that reception staff had not received relevant 'red-flag' training, nor was there a protocol in place to assist staff with signposting patients to alternative provision. Although we did not find any instances of staff inappropriately signposting patients or missing patients with 'red-flag' symptoms, there was a risk staff may not have the knowledge and processes to ensure patients received the right care at the right time by the right health service. We saw that the practice manager was due to go on a red-flag training course, but they were unable to attend and no further plans for training had been explored. We discussed this with the practice manager and they produced a protocol for reception staff to follow which was then available in the reception area before our inspection visit was completed on 10 April 2019.

The records of one patient indicated they could become volatile and potentially violent and aggressive, however there was no alert on the patient's record, which meant staff would not be immediately aware of this when they opened the person's record. Staff would only know this by reading through previous consultation notes.

We also found evidence that one patient had been recently diagnosed with a new and potentially contagious infection. The patient was not told of their diagnosis by the GP other than they had an infection and would be contacted by an external health professional. There was no alert on the patients record and the diagnosis was not coded, which meant that other health professionals could be potentially exposed to the infection. The patient did not know the seriousness of their condition until the external professional had contacted them. The practice manager then added the relevant alert and code to the patients record.

Information to deliver safe care and treatment

Staff did not always have 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.	Partial
There was a system for processing information relating to new patients including the summarising of new patient notes.	Partial
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:	
<p>We reviewed patient records and not all consultation notes recorded vital signs of the patient in order to support a particular clinical judgement.</p> <p>We saw that summarising was done by a trained member of staff and no new patient records were waiting to be summarised and transferred from the patient's paper record to their electronic record. We reviewed three patient records which had recently been summarised. We found two of these were done appropriately, however several pieces of key information from the third patient's record had not been summarised. For example, the electronic record did not mention previous fractures, a past medical problem and the patient's immunisations which were available in the paper record.</p> <p>The same member of staff was also responsible for coding letters and correspondence received from other services into the practice. We asked for copies of recent letters which had been coded to enable us to check these were done correctly, however we were told the letters were destroyed as soon as the code had been added and the staff member was unable to recall any recent examples of coding completed. Therefore, we were unable to be assured these were being completed correctly.</p> <p>The practice manager told us that there was no governance process in place to check that summarising and coding was done correctly by staff, but they would introduce a process so that they could assure themselves that key information was not missed from patient's records.</p>	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.94	0.84	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	6.6%	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) (NHSBSA)	6.44	5.38	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.52	2.02	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial
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.	Not inspected
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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	N
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We found that blank prescriptions were signed in and out of the secure storage system when placed into printers within the consultation rooms. The printer tray was not lockable, although the room to the consultation room was. Therefore, it was possible for cleaning staff who had keys to the rooms were able to access the blank prescriptions.</p> <p>We found that antibiotic and antiviral medicines were not always prescribed in line with appropriate guidance. We found instances where patients were prescribed a medicine that was not recommended as a treatment for their infection. We also found that some patients were prescribed medicines over a longer period, rather than the recommended duration, which may increase the patient developing unnecessary resistance to future treatments.</p> <p>For example, a patient had presented with a cold sore and was prescribed an antiviral medicine. This was not in line with NICE guidance.</p>	

Track record on safety and lessons learned and improvements made

The practice did not have a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	14
Number of events that required action:	10
Explanation of any answers and additional evidence: We found that 14 significant events occurred during the previous 12 months, 10 of which required action. We saw that the practice had taken action against nine of these, but one still remained outstanding. We saw that the practice also included positive examples of significant events such as feedback from patients acknowledging what the practice did well.	

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

Event	Specific action taken
An old telephone number for the practice was still in use. Some long-standing patients had that number; however, it was not transferred to the out of hours service.	No action had been taken by the practice. We discussed possible solutions with the provider on 21 March 2019 and when we returned on 10 April, none of the proposed solutions had yet been explored.
Incorrect coding noted on a patient record	Feedback was given to the staff member and coding rectified. The new provider had committed to ensuring any new starters were sent on a formal coding course. Coding should only be done when dedicated time was set aside to be able to focus on the task.
Power cut affected being able to make telephone calls.	Contingency plan implemented. Staff used mobile phones to call patients to let them know to still come in. Also updated website to advise telephones were down.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: There were two sources of information for practices to receive alerts about medicine interactions. We found on the first day of inspection, that the practice had not signed up to both sources, therefore they	

were not receiving all the relevant alerts. We found that the practice did not receive two recent alerts. For example, the practice did not receive the safety alert which was issued on 18 February 2019 advising not to prescribe a particular medicine to women of childbearing age or during pregnancy. We found that two patients had been prescribed this medicine, one of which was a patient of childbearing age. As the practice was not aware, the patient had not been informed. During our inspection visit, the practice manager informed us that they had now signed up to both sources to ensure future alerts are received and acted upon and would follow up the patients.

Effective

Rating: Inadequate

We rated the practice as inadequate for providing effective services because patients were not assessed, and treatment was not delivered in line with current legislation and evidence-based guidance. The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles. Patients records were not accurately completed, and diagnoses were not always recorded meaning that these patients were not given the appropriate advice, guidance or treatment.

These inadequate areas impacted all population groups and so we have rated all population groups as inadequate.

Effective needs assessment, care and treatment

Patients' needs were not assessed, and care and treatment was not 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.	Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial
We saw no evidence of discrimination when staff made care and treatment decisions.	Partial
Patients' treatment was regularly reviewed and updated.	Partial
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Partial
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Partial
Explanation of any answers and additional evidence:	
<p>We saw the staff attended relevant training and the GP attended the GP updates course to ensure they were aware of current best practice. However, we found examples from reviewing patient records, that treatment was not always provided in line with current guidance. For example, the GP told us he would not prescribe 5mg folic acid before conception and until week 12 of pregnancy to those women at high risk of neural tube defect as advised by NICE. The GP told us that they would not prescribe this medicine as they believed it increased the risk of other female cancers and would only do so after seeking advice from a specialist consultant if they accepted the risk</p> <p>We found instances where the consultation notes did not adequately record the patient's symptoms and examination findings or have a clear reason why a particular course of treatment was provided. For example, we found evidence that a patient had been given antibiotics and steroids when the consultation note did not contain enough sufficient information about the examination and discussion. The decision-making process regarding the management plan was not clear</p>	

We found that the below positive variation for prescribing hypnotics was better than the CCG and England averages as the provider told us that they did not believe in prescribing them and would only do so in certain circumstances but otherwise they would either not treat the patient or would refer them to a specialist service.

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>	0.31	0.70	0.81	Variation (positive)

Older people

Population group rating: inadequate

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.

Findings

- We found that people with a raised HbA1c (which measures blood glucose levels) suggestive of pre-diabetes or diabetes were not adequately followed up by the practice or referred on to specialist services as diabetes can cause serious complications with a patient’s eyes and feet.
- NICE guidance says that patients who have a raised HbA1c but do not have symptoms of diabetes should have a repeated blood test before being diagnosed with the condition prior to starting treatment.
- We identified five patients who had a raised HbA1c who did not have their blood test repeated to confirm the condition before commencing treatment. Or where a diagnosis had been made, the patients had not been referred on to other services for eye screening.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- 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.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

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>	72.9%	71.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	7.9% (6)	11.0%	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>	68.6%	72.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.9% (6)	8.0%	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>	74.6%	76.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	17.1% (13)	12.1%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.2%	74.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.0%	86.9%	89.7%	No statistical variation
Exception rate (number of exceptions).	3.8% (1)	10.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.7%	81.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	7.1% (15)	3.5%	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) (QOF)	92.3%	90.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	13.3% (2)	9.2%	6.7%	N/A

Any additional evidence or comments

Families, children and young people

Population group rating: Inadequate

Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. The practice was aware of the challenges presented by the population it served, such as some children not being born in the UK, or not having a culture of immunisations.
- The practice had arrangements to identify and review the treatment of newly pregnant women. However, women who were at risk of pregnancy complicated by neural tube defects were not routinely prescribed the recommended folic acid in line with guidance.
- The practice did not follow up seriously ill children that were sent home, to ensure safety advice given to parents was followed when guidance recommended hospital admission.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	20	27	74.1%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	14	17	82.4%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	14	17	82.4%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	14	17	82.4%	Below 90% minimum (variation negative)

Any additional evidence or comments

Working age people (including those recently retired and students)

Population group rating: Inadequate

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- The practice was participating in the Public Health England campaign to increase cervical cancer screening to increase uptake from patients, they also publicised this on their social media website.
- 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.

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)	62.7%	70.5%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	74.5%	68.7%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	50.7%	52.9%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	90.9%	64.2%	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) (PHE)	44.4%	52.5%	51.9%	No statistical variation

Any additional evidence or comments

People whose circumstances make them vulnerable

Population group rating: Inadequate

Findings

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

People experiencing poor mental health (including people with dementia)

Population group rating: Inadequate

Findings

- When patients were assessed to be at risk of suicide or self-harm the practice did not always have appropriate arrangements in place to keep patients safe. For example, we saw that one patient expressed suicidal thoughts and was prescribed an anti-depressant which is dangerous in overdose and not recommended as first line treatment by NICE guidance.
- 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.
- 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) (QOF)	93.3%	87.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	16.7% (3)	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) (QOF)	87.5%	88.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	11.1% (2)	13.5%	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)	80.0%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	16.7% (1)	6.9%	6.6%	N/A

Any additional evidence or comments

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	532.0	528.3	537.5
Overall QOF exception reporting (all domains)	6.6%	5.6%	5.8%

Any additional evidence or comments

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Partial
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.	Partial
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>We found that staff had no record of red-flag training used in triaging and assessing patients when booking appointments. There was a plan for the practice manager to undertake the training in 2018 and disseminate to staff, however the practice manager did not attend the training and had not followed it up.</p> <p>We saw that the practice had introduced a clinical audit system which involved peer review of each other's consultation records. However, it was not effective as each staff group did not have the clinical knowledge to undertake the audits of colleagues due to different professional backgrounds.</p>	

Coordinating care and treatment

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

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

Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
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>	93.4%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (3)	0.9%	0.8%	N/A

Any additional evidence or comments

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Consent to care and treatment

The practice was able to demonstrate that it 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, however patients were not always given the information they required.

	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.	Partial
Explanation of any answers and additional evidence: Patients were not always given timely information about their treatment or condition. Newly diagnosed pre-diabetic and diabetic patients were not always given the correct information regarding their condition. The practice did not always have more challenging conversations with patients where it was necessary and relied on other health services to do this for them.	

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	21
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment Card	Staff are competent and caring. I am always fully listened to and the staff always have my best interests at heart.
Comment Card	Everyone in this surgery is extremely professional, caring and efficient. I am genuinely grateful to all the staff at Mapperley Park.
Comment Card	Staff are always polite and helpful. I like that I always get to see the same doctor and I am listened to.

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
2559	401	124	30.9%	4.85%

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)	100.0%	87.4%	89.0%	Variation (positive)
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)	100.0%	84.8%	87.4%	Variation (positive)
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)	99.4%	93.4%	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)	95.2%	82.3%	83.8%	No statistical variation

Any additional evidence or comments

Patients felt they receive a good and caring service with satisfaction ratings being higher than both the CCG and England averages.

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

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	We spoke with three patients and all felt the service they received was excellent and were well cared for. None expressed any dissatisfaction.

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)	99.3%	90.8%	93.5%	No statistical variation

Any additional evidence or comments

	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.	58 carers out of 2670 patients identified as carers, which represented 2.17% of the practice population.
How the practice supported carers.	The practice had a carers champion. Receptionists and other staff routinely ask if the patient's circumstances have changed and would signpost to appropriate services.
How the practice supported recently bereaved patients.	Leaflets were available that signpost to bereavement and counselling services.

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 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 1pm
Friday	8.30am to 6.30pm
Appointments available:	
	GP: Walk in clinic every morning from 8.30am. Pre-bookable appointments from 4pm to 6.30pm Monday, Wednesday and Friday. Practice nurse and health care assistant appointments were also available on Tuesday afternoons.
Extended hours opening	Not available

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2559	401	124	30.9%	4.85%

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)	98.2%	92.8%	94.8%	No statistical variation

Any additional evidence or comments

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.

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

- 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 as the practice would receive notifications from the hospital and out of hours services each morning.
- 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.
- However, patients who have work commitments may find obtaining an urgent on-day appointment challenging as the walk-in service operates between 08:30am – 2pm every day and pre-bookable appointments were only available until 6:30pm, three days a week.
- The practice was open until 6:30pm on a every weekday except for Thursday afternoons when the practice is closed. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP Plus service.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice.

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.

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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>When we undertook our third day of inspection on 10 April 2019, we identified that on 8 April 2019, patients were still waiting to be seen by the GP at 3:50pm from the morning walk-in clinic which began at 08:30am. Patients which had pre-booked appointments on that day between 2pm and 6:30pm had been contacted by the practice and had their appointment cancelled and rebooked in order to allow the GP time to catch up from the morning walk-in clinic. We were told this was because the GP had instructed staff not to turn any patients away and not to signpost them to other services, so patients were left waiting for a long period of time before being seen. The provider told us on 10 April 2019, that the normal triaging system undertaken by reception staff was reintroduced which prevented any repeated delays on further days.</p>	

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)	99.4%	N/A	70.3%	Significant Variation (positive)
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)	91.2%	68.0%	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)	88.2%	67.9%	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)	90.4%	72.7%	74.4%	No statistical variation

Any additional evidence or comments

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Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	0
Number of complaints we examined.	N/A
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.	Y
Explanation of any answers and additional evidence: Complaints dealt with in the past were acknowledged and responded to appropriately.	

Example(s) of learning from complaints.

Complaint	Specific action taken

Well-led

Rating: Inadequate

- At our inspection in November 2017, we rated the practice as inadequate for providing well-led services. This was because there was insufficient assurance that the practice had adequate governance arrangements in place to ensure the provision of high quality care and treatment and there was a lack of ability to sustain required improvements and maintain appropriate governance systems and processes demonstrated by the fact there had been repeated breaches of regulation since the provider was first inspected in 2014.
- When we carried out the comprehensive inspection on 27 and 30 July 2018 we found a number of improvements had been made.
- At this inspection we found that the improvements had not been embedded and there were repeated breaches of regulation. During this inspection we made a number of visits and found that issues we had identified relating to patient safety had not all been looked into and that where appropriate most patients had not been recalled to discuss their care. There was insufficient assurance that the practice had adequate governance arrangements in place to ensure the provision of high quality care and treatment and there was a lack of ability again to sustain required improvements and maintain appropriate governance systems and processes demonstrated by the fact there had been repeated breaches of regulation since the provider was first inspected in 2014.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
They had identified the actions necessary to address these challenges.	N
Staff reported that leaders were visible and approachable.	Partial
There was a leadership development programme, including a succession plan.	N
Explanation of any answers and additional evidence:	
The provider understood the challenges presented by the population it served. However, guidance issued by NICE was not routinely followed, which meant patients did not always receive the best quality care which is based on evidenced research, shown to improve outcomes.	
The provider had a condition imposed on their registration to recruit and appoint a registered manager by the First Tier Tribunal (Care Standards) on 3 August 2018 to ensure the practice had adequate leadership. The practice manager became the registered manager with CQC on 30 November 2018.	

We saw that they had introduced new policies and processes but these were not followed by the provider. Following our inspection, the registered manager cancelled their registration on 10 April 2019 as they could not be assured that the regulated activities would continue to be managed safely. This meant that the provider is currently in breach of that condition.

The provider had no confirmed succession plan in place, as a single-handed GP, if the provider became unwell or retired, the service may have to close. The provider told us, they were considering options such as forming a partnership.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	N
There was a realistic strategy to achieve their priorities.	N
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	N
Explanation of any answers and additional evidence:	
In the provider's statement of purpose, the practice's vision is, "To work in partnership with our patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations." The provider had a long history of not meeting the CQC Regulations and had no clear plan on how the practice intended to achieve compliance.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Partial
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence:	
<p>We found an example of a patient who had been incorrectly prescribed a medicine which the practice's own governance arrangements did not identify. We brought this to the provider's attention and contact was made with patient. The consultation note recorded that an apology was given to the patient and explained how the error in prescribing was found and suitable alternative was prescribed. However, this error would not have occurred had the relevant NICE guidelines been followed which was not explained.</p>	

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

Source	Feedback
Observation	We saw that there was good cohesion between the different members of staff. The practice manager operated an open-door policy and staff told us they felt able to discuss any concerns. The practice manager regularly chose to sit in the office with the reception staff so that they could offer support with some duties, rather than sit in a separate office.

Governance arrangements

The overall governance arrangements were ineffective.

	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:	
<p>The administration processes and policies were comprehensive, such as the recruitment and induction policy. However, these were not always followed by the provider.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Partial
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.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>We found that systems in place to take action following significant events was not effective. For example, a second telephone line was active which patients could call, but if no one was in the office then the line would continue to ring as it was not connected to the main telephone system. We discussed this with the provider. The provider told us they would do something to address the issue, but at the time of our inspection no action had been taken. We found that not all incidents were recorded as a significant event, such as the issue with the recruitment check of the locum, or when the patient was prescribed incorrect medicine and an apology was given, therefore we could not be assured that lessons were learnt, and future occurrence would reduce.</p> <p>We found that clinical audits completed were not effective, system searches identified particular patient groups for follow up action, but action was either limited or had not happened. For example, the patients we identified during our visits on 20 and 21 March 2019, when we returned on 10 April 2019, had either been booked an appointment and sent a letter, some of whom then did not attend, and no follow up action had been taken, or no action at all had been taken to contact patients. We saw a plan for the clinicians to review each other's consultations, for example, the nurse to review the GP, however the scope of clinical knowledge and expertise is different between the two roles in order to enable learning and provide assurance.</p>	

Appropriate and accurate information

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

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

Explanation of any answers and additional evidence:

Throughout our site visits, we identified several areas of concern. The provider had a lack of insight in identifying and mitigating risks. Notes of clinical examinations did not always contain enough detail to make a sound judgement or understand the rationale for a particular course of treatment. Medicines were prescribed contrary to NICE guidance without any alternative rationale. Patient's who required follow up to confirm diagnosis in order to start treatment were not always followed up.

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.	Partial
Explanation of any answers and additional evidence: The practice had not considered all the needs of the population and worked with stakeholders. For example there were challenges for the practice regarding child immunisations however there had been no discussion regarding how this could be overcome.	

Any additional evidence

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence: When events occurred within the practice, these were discussed at meetings to ensure learning was shared. However, not all incidents were appropriately recorded, investigated or resolved. Therefore, some opportunities to learn and reduce risk were missed.	

Examples of continuous learning and improvement

We did not find any evidence of continuous improvement.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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