

Care Quality Commission

Inspection Evidence Table

Dodworth Medical Practice (1-6653426676)

Inspection date: 30 April 2019

Date of data download: 16 April 2019

Overall rating: Inspected but not rated

Please note: The provider took over this location on 1 April 2019. Most staff were new to the practice, including the provider.

Safe

Rating: Good

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. | Y |
| Safeguarding systems, processes and practices were developed, implemented and communicated to staff. | Y |
| There were policies covering adult and child safeguarding. | Y |
| Policies took account of patients accessing any online services. | Y |
| Policies and procedures were monitored, reviewed and updated. | Y |
| Policies were accessible to all staff. | Y |
| Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs). | Y |
| There was active and appropriate engagement in local safeguarding processes. | Y |
| There were systems to identify vulnerable patients on record. | Y |
| There was a risk register of specific patients. | Y |
| Disclosure and Barring Service (DBS) checks were undertaken where required. | Y |
| Staff who acted as chaperones were trained for their role. | Y |
| There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm. | Y* |
| Explanation of any answers and additional evidence: | |

| Safeguarding | Y/N/Partial |
|--|-------------|
| <p>The practice was in the process of checking the records of those whose circumstances may make them vulnerable to ensure they were up to date and contacting those who had not been in contact with the practice for some time.</p> <p>*The first multidisciplinary meeting was scheduled in May 2019. Established networks with the multidisciplinary team were in place due to the working relationships with the providers at practices nearby.</p> | |

| Recruitment systems | Y/N/Partial |
|---|-------------|
| Recruitment checks were carried out in accordance with regulations (including for agency staff and locums). | Y |
| Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role. | Y* |
| There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored. | Y |
| Staff had any necessary medical indemnity insurance. | Y |
| <p>Explanation of any answers and additional evidence:</p> <p>*Staff immunisation status was reviewed for new staff by an occupational health service. The provider was in the process of establishing the immunisation staff status for those transferred from the previous organisation where this was not known.</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: September 2018 | Y |
| There was a record of equipment calibration. Date of last calibration: September 2018 | Y |
| There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals. | Y |
| There was a fire procedure. | Y |
| There was a record of fire extinguisher checks. Date of last check: July 2018 | Y |
| There was a log of fire drills. Date of last drill: in progress with the landlord of the building and scheduled for a future date. | Partial |
| There was a record of fire alarm checks. Date of last check: weekly | Y |
| There was a record of fire training for staff. Date of last training: various dates | Y |
| There were fire marshals. | Y |
| A fire risk assessment had been completed. Date of completion: January 2019 | Y |
| Actions from fire risk assessment were identified and completed. | Partial |
| <p>Explanation of any answers and additional evidence:</p> <p>The provider recognised there were shortfalls in the management of the risk of fire. This was raised as an incident and as a result the fire alarm is now tested weekly. Fire marshal training had been arranged for staff and a luminous jacket kept with the fire safety register. Fire safety instructions have been made available to all staff and staff and visitors sign in and out of the practice.</p> <p>The provider had planned with the landlord of the building to perform a fire drill on a future date and obtaining a copy of the fire risk assessment and the legionella risk assessment from the previous provider.</p> | |

| Health and safety | Y/N/Partial |
|---|-------------|
| Premises/security risk assessment had been carried out. Date of last assessment: April 2019 | Y |
| Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: April 2019 | 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: | 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: All staff had undertaken recent Infection Prevention and Control (IPC) training and further training was scheduled for specific topics such as hand-hygiene. | |

Risks to patients

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

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

Explanation of any answers and additional evidence:

The provider had reviewed the existing systems to monitor and manage risks to patient safety and updated them to reflect current working practices across all the other sites.

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

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

| Medicines management | Y/N/Partial |
|--|-------------|
| The practice ensured medicines were stored safely and securely with access restricted to authorised staff. | Y |
| Blank prescriptions were kept securely and their use monitored in line with national guidance. | Y |
| Staff had the appropriate authorisations to administer medicines (including Patient Group | Y |

| Medicines management | Y/N/Partial |
|---|-------------|
| Directions or Patient Specific Directions). | |
| The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review. | Y |
| There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. | Y |
| The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services. | Y |
| There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. | Y |
| The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength). | Y |
| There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer. | Y |
| If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks 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. | Y |
| For remote or online prescribing there were effective protocols for verifying patient identity. | N/A |
| 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>The repeat prescribing policy had been reviewed to ensure prescriptions were available within 48 hours of the patient request. The provider had also signed up to the on-line electronic prescription service which sent electronic prescriptions direct to the patients nominated pharmacy, rather than paper copies.</p> <p>Patients we spoke with told us the prescribing systems had improved recently and paper prescriptions were now available for collection within two days.</p> | |

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

| Significant events | Y/N/Partial |
|--|-------------|
| The practice monitored and reviewed safety using information from a variety of sources. | Y |
| Staff knew how to identify and report concerns, safety incidents and near misses. | Y |
| There was a system for recording and acting on significant events. | 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: | 12 |
| Number of events that required action: | 12 |
| Explanation of any answers and additional evidence: | |
| <p>The new provider raised several incidents since taking over the practice. This provided the opportunity to review existing procedures through investigation and update systems and processes to share with staff to reduce the risk of further incidents occurring.</p> <p>Staff told us they were encouraged to report incidents and welcomed the shared learning to improve processes for patients.</p> | |

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

| Event | Specific action taken |
|---|--|
| Backlog of test results on the patient record system | Staff reviewed the test results culminating in a week's worth of additional hours worked. The process was reviewed and staff updated to ensure all test results were reviewed within an acceptable time frame. |
| Patient correspondence was not actioned in a timely manner and not stored securely. | Staff were provided with dedicated time to perform a thorough search of all areas in the practice to retrieve patient related paperwork. This was then uploaded onto the patient record system and reviewed to see if it had previously been actioned. Those patients who had not yet been reviewed were contacted by the practice and an explanation and apology offered. |

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

Explanation of any answers and additional evidence:

Staff we spoke with all received the safety alerts and acted upon them. However, a central log of safety alerts received into the practice and actions taken was not kept. The provider told us arrangements would be made to document this and share with staff.

Effective

Rating: Inspected but not rated

The Quality Outcomes Framework (QOF) data available to the Commission at the time of this inspection related to 2017/18 when the practice was under the previous provider. Therefore, it has not been included as part of the evidence towards this inspection. In the absence of any upto date data relating to the new provider we have been unable to rate the provision of 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. | Y |
| Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. | Y |
| We saw no evidence of discrimination when staff made care and treatment decisions. | Y |
| Patients' treatment was regularly reviewed and updated. | Y |
| There were appropriate referral pathways were in place to make sure that patients' needs were addressed. | Y |
| Patients were told when they needed to seek further help and what to do if their condition deteriorated. | Y |
| <p>Explanation of any answers and additional evidence:</p> <p>The provider had reviewed the process to send referrals to other services. A dedicated secretary dealt with referrals and also informed the patients of appointment dates and times. Patients were provided with written instruction to contact the practice if they had not received anything from the service they were referred.</p> <p>The practice patient record system linked into the local Clinical Commissioning Group (CCG) pathways for referrals and care plans.</p> | |

Older people

Population group rating: Inspected but not rated

| Findings |
|--|
| <ul style="list-style-type: none"> Since 2019 the practice had introduced a clinical tool to identify older patients who were living with moderate or severe frailty. Plans were in place to offer those identified a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital since 1 April 2019. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. |

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Inspected but not rated

Findings

- Since April 2019 the practice had reviewed the process for reviewing patients with long-term conditions. All patients would be offered structured annual review to check their health and medicines needs were being met in one appointment. 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.
- The practice was in the process of offering adults with newly diagnosed cardio-vascular disease statins.
- The practice was in the process of offering patients with suspected hypertension ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Families, children and young people

Population group rating: Inspected but not rated

Findings

- Childhood immunisation uptake rates were not yet available for the practice. However, we saw that these appointments were being offered in line with the World Health Organisation (WHO) directives.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Working age people (including those recently retired and students)

Population group rating: Inspected but not rated

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

People whose circumstances make them vulnerable

Population group rating: Inspected but not rated

Findings

- End of life care had been reviewed and was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. GPs had contacted all these patients by telephone to introduce themselves to the patient and their carers.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had implemented a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

People experiencing poor mental health (including people with dementia)

Population group rating: Inspected but not rated

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

Monitoring care and treatment

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

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

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

Three first cycle audits had been undertaken since the provider took over the practice. This included audits of three medicines prescribed that required regular monitoring. The first cycles of the audits established the monitoring requirements for patients and reminders were diarised in the patient record system to recall for tests and review as appropriate.

Effective staffing

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

| | Y/N/Partial |
|--|-------------|
| Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme. | Y |
| The learning and development needs of staff were assessed. | Y |
| The practice had a programme of learning and development. | Y |
| Staff had protected time for learning and development. | Y |
| There was an induction programme for new staff. | Y |
| Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015. | Y |

| | |
|---|---|
| Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation. | Y |
| The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates. | Y |
| There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable. | Y |
| <p>Explanation of any answers and additional evidence:</p> <p>All staff had a review with the new provider and learning needs were identified and scheduled in. Staff told us they were supported in their role and offered opportunities to develop their skills to deliver good care to patients.</p> | |

Coordinating care and treatment

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

| Indicator | Y/N/Partial |
|--|-------------|
| We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. | Y |
| Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved. | Y |
| Patients received consistent, coordinated, person-centred care when they moved between services. | Y |
| For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services. | N/A |
| <p>Explanation of any answers and additional evidence:</p> <p>Staff routinely referred patients to other services. The provider had nominated staff to lead on key areas of the practice and feedback to the rest of the practice team. This included leads for the social prescribing service, dementia champions and community services.</p> | |

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 | Y |

| | |
|--|---|
| own health. | |
| 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 |
| <p>Explanation of any answers and additional evidence:</p> <p>The practice encouraged staff to identify patients who may need extra support. Six referrals had been made to the local social prescribing service in the last four weeks, through staff feedback to clinicians. The practice was enabling staff to make referrals to this service directly.</p> | |

Consent to care and treatment

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

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

Caring

Rating: Inspected but not rated

The National GP patient survey data available to the Commission at the time of this inspection related to when the practice was under the previous provider. Therefore, it has not been included as part of the evidence towards this inspection. In the absence of any upto date data relating to the new provider we have been unable to rate the provision of caring services.

Kindness, respect and compassion

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

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

| CQC comments cards | |
|--|----|
| Total comments cards received. | 14 |
| Number of CQC comments received which were positive about the service. | 13 |
| Number of comments cards received which were mixed about the service. | 1 |
| Number of CQC comments received which were negative about the service. | 1 |

| Source | Feedback |
|---------------|---|
| Patients | Patients we spoke with described how the practice had improved recently and staff were helpful and respectful. |
| Comment cards | Described how the practice staff were cheerful and approachable and looked after patients well. |
| Comment cards | One negative comment related to care provided over a period prior to the current provider taking over the practice. |
| NHS Choices | One positive comment had been posted since the new provider took over the practice. |

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

| Any additional evidence |
|---|
| The provider introduced a comment book in the waiting area of the practice. Five positive comments had been entered in the book at the time of this inspection, reporting improvements in the practice. Practice staff took the time to respond by acknowledging the feedback in the book and signposting people to the practice feedback corner. |

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. | Patients told us the practice had improved recently and they had the opportunity for follow up by telephone or in person with the same GP. This helped them consider decisions about their care and treatment. |

| | 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. | 41 patients had been identified as having a caring responsibility. This represented 1% of the patient population. Staff were in the process of reviewing patients caring responsibilities during consultations to ensure they were aware of the support services available and things the practice could offer. |
| How the practice supported carers. | There was information in the practice about local carers groups and specific information for some groups was displayed on notice boards. The practice offered carers vaccinations and immunisations as well as health reviews. |
| How the practice supported recently bereaved patients. | Staff would contact any families of deceased patients who were known to the practice to offer their condolences and provide details of support 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 |
| <p>Explanation of any answers and additional evidence:</p> <p>A sign was placed away from the reception desk requesting patients to wait behind it to promote confidentiality for those speaking with reception staff.</p> | |

Responsive

Rating: Inspected but not rated

The National GP patient survey data available to the Commission at the time of this inspection related to when the practice was under the previous provider. Therefore, it has not been included as part of the evidence towards this inspection. In the absence of any upto date data relating to the new provider we have been unable to rate the provision of 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. | 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 staff had good relationships with the other healthcare staff based in the building and would contact them to refer patients on as the need arose. | |

| Practice Opening Times | |
|-------------------------|------------------|
| Day | Time |
| Opening times: | |
| Monday | 8am to 6.30pm |
| Tuesday | 8am to 8pm |
| Wednesday | 8am to 6.30pm |
| Thursday | 8am to 6.30pm |
| Friday | 8am to 6.30pm |
| Appointments available: | |
| Monday | 9am to 6pm |
| Tuesday | 8.30pm to 8pm |
| Wednesday | 8.30am to 6pm |
| Thursday | 8.30am to 5.30pm |
| Friday | 8.30am to 5.30pm |

| | |
|--|--|
| | |
|--|--|

Older people

Population group rating: Inspected but not rated

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice had introduced the electronic prescribing service for all patients, so they could nominate a chemist to pick their medicines up from rather than coming to the practice to collect the prescription form.

People with long-term conditions

Population group rating: Inspected but not rated

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised 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: Inspected but not rated

Findings

- Additional advanced nurse practitioner and GP appointments were available until 8pm on a Tuesday and during the lunchtime period 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: Inspected but not rated

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on a Tuesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 10am until 1pm and weekday evenings from 6.30pm to 10.30pm.

People whose circumstances make them vulnerable

Population group rating: Inspected but not rated

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.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Inspected but not rated

Findings

- Priority same day 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. There was themed notice board in the reception area with further information relating mental health and dementia.

Timely access to the service

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

| | Y/N/Partial |
|--|-------------|
| Patients with urgent needs had their care prioritised. | Y |
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. | Y |
| Appointments, care and treatment were only cancelled or delayed when absolutely necessary. | Y |
| Explanation of any answers and additional evidence: The provider had reviewed the appointment system to improve access for patients. Appointments were made available throughout the day for patients, including during the lunch period. Additional GPs and advanced nurse practitioners were employed to provide 60 extra face to face appointments each week. Most of the patients we spoke with on the day of inspection had contacted the practice that morning and been offered a same day appointment. Patients we spoke with and one comment card expressed a difficulty contacting the practice by telephone first thing in the morning. The provider explained that they were currently reviewing the telephone system to understand how it worked and it had been identified as a priority to improve it. | |

| Source | Feedback |
|------------------------|--|
| Patients we spoke with | Most patients we spoke with had contacted the practice that morning and been offered a same day appointment. They explained that this had improved significantly over the last month or so. Patients reported that it was still difficult to get through to the practice by telephone first thing in the morning. |

Listening and learning from concerns and complaints

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

| Complaints | |
|--|---|
| Number of complaints received in the last year since 1 April 2019 | 2 |
| Number of complaints we examined. | 2 |
| Number of complaints we examined that were satisfactorily handled in a timely way. | 2 |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman. | 1 |
| Any additional evidence or comments | |

The practice had received feedback from the Parliamentary Health Service Ombudsman (PHSO) relating to a complaint dealt with under a previous provider. The feedback provided draft recommendations which the current provider agreed to review and adhere to although they were not responsible for the care provided to the patient and the management of the complaint at the time the PHSO were contacted. The provider told us they were keen to be responsive and improve patient care and feedback systems whenever the opportunity arose.

| | 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: Staff had created a feedback corner in the reception area. The practice complaint leaflet and feedback forms were available on the notice board in this area, along with the comments and feedback book. Patients told us this was welcomed as previously they were unaware how to provide feedback. | |

Example(s) of learning from complaints.

| Complaint | Specific action taken |
|-------------------------------------|---|
| Prescribing of a medicine to others | Staff wrote to the complainant to explain the practice feedback process and confidentiality arrangements relating to direct patient care. |

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all.

| | Y/N/Partial |
|---|-------------|
| Leaders demonstrated that they understood the challenges to quality and sustainability. | Y |
| They had identified the actions necessary to address these challenges. | Y |
| Staff reported that leaders were visible and approachable. | Y |
| There was a leadership development programme, including a succession plan. | Y |
| Explanation of any answers and additional evidence: The provider had taken over the practice and registered with the Commission on 1 April 2019. They had developed a short., medium and long-term action plans to improve the practice and care for patients which was reviewed regularly. The leadership team were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were and acted to address them. They had employed additional staff and provided extra appointments and perform administrative and reception duties. | |

Vision and strategy

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

| | Y/N/Partial |
|--|-------------|
| The practice had a clear vision and set of values that prioritised quality and sustainability. | Y |
| There was a realistic strategy to achieve their priorities. | Y |
| The vision, values and strategy were developed in collaboration with staff, patients and external partners. | Y |
| Staff knew and understood the vision, values and strategy and their role in achieving them. | Y |
| Progress against delivery of the strategy was monitored. | Y |
| Explanation of any answers and additional evidence: The provider had support from the local GP federation and met with the CCG regularly to review performance. | |

Culture

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

| | Y/N/Partial |
|--|-------------|
|--|-------------|

| | |
|---|---|
| There were arrangements to deal with any behaviour inconsistent with the vision and values. | Y |
| Staff reported that they felt able to raise concerns without fear of retribution. | Y |
| There was a strong emphasis on the safety and well-being of staff. | Y |
| There were systems to ensure compliance with the requirements of the duty of candour. | Y |
| The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. | Y |
| Explanation of any answers and additional evidence: | |
| There was good collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and patient's experiences. | |
| The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour. | |

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

| Source | Feedback |
|--------|---|
| Staff | Staff described a real culture of team work at the practice and everyone's contribution was praised and recognised. Achievements were acknowledged, praised and recognition provided. |

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 which were regularly reviewed. | Y |
| Staff were clear about their roles and responsibilities. | Y |
| There were appropriate governance arrangements with third parties. | Y |
| Explanation of any answers and additional evidence: | |
| The provider was in the process of reviewing all their policies and procedures from their other practice and applying them to this one to make sure they were fit for purpose. Staff had access to the shared drive where all the policies and procedures were stored. | |
| All staff had met with their managers to review their roles and responsibilities and further training arranged to promote consistency in practice. | |

Managing risks, issues and performance

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

| | Y/N/Partial |
|--|-------------|
| There were comprehensive assurance systems which were regularly reviewed and improved. | Y |
| There were processes to manage performance. | Y |
| There was a systematic programme of clinical and internal audit. | Y |
| There were effective arrangements for identifying, managing and mitigating risks. | Y |
| A major incident plan was in place. | Y |
| Staff were trained in preparation for major incidents. | Y |
| When considering service developments or changes, the impact on quality and sustainability was assessed. | Y |
| Explanation of any answers and additional evidence: The provider had risk assessed many areas within the practice and reported and investigated several incidents that resulted in procedural updates to improve the patient experience. The provider had reviewed the rotas and increased the number of staff to provide care to patients. | |

Appropriate and accurate information

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

| | Y/N/Partial |
|---|-------------|
| Staff used data to adjust and improve performance. | Y |
| Performance information was used to hold staff and management to account. | Y |
| Our inspection indicated that information was accurate, valid, reliable and timely. | Y |
| There were effective arrangements for identifying, managing and mitigating risks. | Y |
| Staff whose responsibilities included making statutory notifications understood what this entails. | Y |
| Explanation of any answers and additional evidence: The provider reviewed the demand for appointments and staffed accordingly. This data was being kept predicting future requirements of the service to staff it accordingly. | |

Engagement with patients, the public, staff and external partners

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

| | Y/N/Partial |
|---|-------------|
| Patient views were acted on to improve services and culture. | Y |
| Staff views were reflected in the planning and delivery of services. | Y |
| The practice worked with stakeholders to build a shared view of challenges and of the needs of the population. | Y |
| Explanation of any answers and additional evidence: | |
| The provider established mechanisms, both formal and informal, to provide feedback relating to the practice. This was actively encouraged and promoted to patients. | |

Feedback from Patient Participation Group.

| Feedback |
|---|
| The provider was in the process of establishing a patient participation group and we saw notices in the practice to confirm this. |

Continuous improvement and innovation

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

| | Y/N/Partial |
|--|-------------|
| There was a strong focus on continuous learning and improvement. | Y |
| Learning was shared effectively and used to make improvements. | Y |
| Explanation of any answers and additional evidence: | |

Examples of continuous learning and improvement

The practice supported staff to develop. Staff were accessing diabetes diploma modules, trainee nursing associate programme and care navigation training.

In the short time the provider had been at the practice they had reviewed several systems and processes which resulted in a change to improve the care delivered to patients. For example, the provision of 60 additional GP and ANP appointments each week and implementing new processes to improve how patient correspondence was managed in the practice.

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 Bands | Z-score threshold |
|--------------------------------------|------------------------|
| Significant variation (positive) | ≤ -3 |
| Variation (positive) | > -3 and ≤ -2 |
| Tending towards variation (positive) | > -2 and ≤ -1.5 |
| No statistical variation | < 1.5 and > -1.5 |
| Tending towards variation (negative) | ≥ 1.5 and < 2 |
| Variation (negative) | ≥ 2 and < 3 |
| Significant variation (negative) | ≥ 3 |

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.