Care Quality Commission

Inspection Evidence Table

PARK VIEW MEDICAL CENTRE (C81642)

Inspection date: 8 May 2019

Date of data download: 26 April 2019

Overall rating: Requires improvement

The overall rating for this practice was requires improvement due to concerns in providing safe and well-led services.

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data is for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

Safe Rating: Requires improvement

The practice was rated as requires improvement for providing safe services because:

- The practice did not always have effective systems in place for some processes relating to the safe management of medicines. This included:
  - the monitoring of vaccine refrigerators
  - the appropriate authorisations to administer medicines via Patient Group Directions or Patient Specific Directions.
  - the availability of appropriate emergency medicines, or having a risk assessment in place to explain the rationale for not stocking the recommended medicines.
  - the monitoring of uncollected prescriptions
- Recruitment checks needed to be strengthened, particularly in respect of locum staff working at the practice.
- An effective fail-safe system was not in operation for the receipt of cytology results.
- Not all clinical staff were able to provide us with assurance about their engagement with safeguarding processes.
- Action plans for infection control audits and fire risk assessments required documented evidence that follow up actions had been completed in a timely manner

Safety systems and processes

The practice mostly had 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.	Partial
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	N/A
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Partial
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
Systems were in place 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:

- Not all clinicians demonstrated an understanding of the practice's child safeguarding register or were able to locate the practice's safeguarding policy on the practice's shared drive.
- Most members of the practice teams who were asked to describe a safeguarding example were able to do so. We were informed of an incident where concerns had been identified by a member of the reception team which resulted in action being taken to safeguard a child. The practice had reviewed this as a significant event in terms of the positive learning this had achieved. However, one clinician did not demonstrate a thorough understanding of safeguarding or was able to provide any examples of their involvement in dealing with a concern.
- Contact details to report safeguarding concerns externally were not easily visible on the day of the inspection. The practice took steps to address this on the day of the inspection.

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.	Y
There were systems to ensure the registration of clinical staff (including nurses and	Partial

pharmacists) was checked and regularly monitored.	
Staff had any necessary medical indemnity insurance.	Y
Explanation of any answers and additional evidence: • We found that the majority of recruitment checks had been undertaken and documented. There was not a clear process to check on registration and annual renewals with professional bodies (the GMC and NMC) but the practice took action to implement this on the day of the inspection. • Checks for some locum nurses who were not employed through an agency lacked evidence of safe recruitment, with a reliance on the fact that they were employed by other local practices. Following our inspection, the practice provided a copy of a signed declaration by a locum at their place of permanent employment to state they had nothing to declare in respect of criminal convictions, but there was no evidence of a completed DBS check having been provided.	

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: 09/08/2018	Y
There was a record of equipment calibration. Date of last calibration: 09/08/2018	Y
There were risk assessments for any storage of hazardous substances for example, oxygen cylinders, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 30/04/2019	Y
There was a log of fire drills. Date of last drill: 25/04/2019	Y
There was a record of fire alarm checks. Date of last check: Fire alarms were tested weekly and there was a regular servicing contract in place.	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: 14/03/2018	Y
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence: • Actions from fire risk assessment were identified and completed but were not always documented by the practice to evidence this.	

Health and safety	**Y/N/Partial**

Premises/security risk assessment had been carried out. Date of last assessment: A site survey had been completed by NHS England on 24/04/2019, whilst a formal premises/security risk assessment had been completed by contractors on 14/05/2018.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 14.05.2018	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were mostly met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received training on infection prevention and control.	Y
Date of last infection prevention and control audit: August 2018	-
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: • We observed that the most recent infection control audit demonstrated some issues which had scored lower than the previous audit, indicating that the action plan may not have been sufficiently robust. For example, a standard for minimising reservoirs for micro-organisms had decreased from 86% compliance to 69% compliance. Five of the 10 standards had shown an improvement in compliance. • The practice told us that the infection control action plan was reviewed monthly meetings. The action plan produced in October 2018 included some areas that remained incomplete at the time of our inspection in May 2019.	

Risks to patients

There were 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.	Partial
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: • Prior to our inspection, two practice nurses had left and the practice had experienced a gap in nursing capacity due to recognised difficulties with nursing recruitment in primary care. However, the practice had successfully recruited a new nurse recently, with another nurse due to commence their role in June 2019. • We asked a member of staff to demonstrate the panic alarm but there was no response when this was pressed. The practice informed us that there was a known problem with the alarm in that consulting room, and they were in liaison with contractors to get this fixed.	

Information to deliver safe care and treatment

Staff mostly 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.	Partial
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	N
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: • There was not an effective failsafe system in place to monitor that results were always received by the practice after cervical cancer screening samples had been sent to pathology. Following our inspection, the practice provided us with brief written information stating that a monthly report was run to check for any results awaited. However, this did not provide us with assurance that the	

process was adequate.

Appropriate and safe use of medicines

The practice did not always have 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) (01/01/2018 to 31/12/2018) NHS Business Service Authority - NHSBSA)	0.63	0.69	0.91	No comparison available
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) (NHSBSA)	10.6%	8.7%	8.7%	No comparison available
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) (NHSBSA)	5.33	5.13	5.60	No comparison available
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	1.56	2.23	2.13	No comparison available

Any additional evidence
• The prescribing of the broad-spectrum antibiotics Cephalosporins was lower than the CCG average whilst Quinolones and Co-amoxiclav were higher than the CCG average. However, the overall prescribing of antibiotic medicines was below the CCG average. The practice had achieved CCG targets to reduce broad-spectrum antibiotic prescribing. • An overall reduction had been achieved for the prescribing of Trimethoprim over the last three years.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y

Medicines management	Y/N/Partial
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
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.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial

Explanation of any answers and additional evidence:

- As well as the practice having their own defibrillator, a defibrillator for community use was available outside of the building.

- The Medicines Management Team provided the practice with information to support controlled drugs (CD) monitoring twice a year. The most recent CD monitoring report (quarter three for the year 2018-19) for Park View Medical Centre contained no prescribing requiring additional review

Medicines management	Y/N/Partial

by the CCG's medicines management team.

- GPs did not carry any emergency medicines in their doctor's bag. The partners provided us with a risk assessment for this following our inspection.

We identified some concerns in respect of medicines management:

- Three items recommended for inclusion within the stock of emergency medicines were not available, and there was no risk assessment available to explain this. This included the availability of atropine for coil fittings. On the day following our inspection, the practice provided evidence that two medicines had been ordered and that the atropine had been delivered.
- The practice did not fully comply with the requirements for Patient Group Directions (PGDs) or Patient Specific Directions. PGDs needed to be adopted by the practice and signed appropriately and the process for documenting PSDs in patient records required strengthening. Following our inspection, the practice provided us with a sample template to be used for PSDs, and evidence that they had taken action to comply with requirements for PGDs.
- We observed that the recording of temperatures for two practice vaccine refrigerators was not always being recorded daily. Over the preceding four months, we observed 11 occasions where vaccine refrigerator temperatures had not been manually recorded. Following our inspection, the practice provided some additional information. They informed us that one fridge was not used during two periods but did not provide dates so we could check against the dates when temperatures were not recorded. They also told us that no nurse was on site on some days when temperatures were not recorded or a locum nurse may have been on duty. However, the practice should have had a contingency in place to cover this. Data loggers had been checked to ensure that there had not been a breach in the cold chain. The practice later informed us that they had reviewed their fridge temperature monitoring process and developed an effective system to ensure this would not be repeated in the future.
- The practice informed us that uncollected prescriptions were regularly monitored and followed up appropriately. However, we found prescriptions dated September 2018 and December 2018 in the 'prescriptions for collection' box. Following our inspection, the practice informed us they had implemented a new protocol following discussion with their medicines management team to strengthen their monitoring process.

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:	16

Number of events that required action:	16
Explanation of any answers and additional evidence: • There was a monthly meeting which included a review and learning from significant events. • One event in the last 12 months was also classified as a serious incident. This was reported appropriately with involvement from the CCG and Public Health England, and the incident was also reported to the National Reporting and Learning System (NRLS). The NRLS is a central database of patient safety incident reports. Since the NRLS was set up in 2003, the culture of reporting incidents to improve safety in healthcare has developed substantially. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care.	

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

Event	Specific action taken
• A number of patients had to wait (or return for blood tests on another date) because clinicians were not documenting what specific tests were needed onto the electronic system to request these when sent for analysis.	• The system for requesting bloods was changed to ensure clinical details and the correct test results were requested, and then sent back directly to the requesting clinician ensuring continuity of care. • Protocols for all 'annual reviews' were amended to state clearly which tests were required. • Tasks for patients to have blood tests would remain on the front screen of the patient's record and would only be completed once patient has attended. • Staff training was reviewed to ensure that all members of the team understood their responsibilities with this revised system.
• A new telephone system was installed. When the first bank holiday occurred since it was installed, the practice manager rang to make sure the out-of-hours message was working and found that it was not. The telephone company was not easily contactable due to the bank holiday.	• The practice manager eventually got to speak to the company who said they would resolve the situation. In the meantime, the practice manager spoke to a member of staff who lived nearby who went into the practice to put the telephones through manually. • The bank holiday dates had been sent to the telephone company but they had not updated the system. The learning was to always double-check in such circumstances to ensure safe arrangement are in place and contingencies are considered.

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:

- There was a process to receive, cascade and review alerts including Medicines and Healthcare products Regulatory Agency (MHRA) alerts within the practice. We observed that actions were taken in response to relevant MHRA alerts, and the process was overseen by one of the GP partners. Patient searches were undertaken in response to appropriate MHRA alerts to identify any patients who may need their prescribed medicines reviewed or required further investigations to keep them safe. A log of MHRA alerts was maintained detailing the actions taken by the practice in response to the content of the alert. Relevant issues relating to MHRA alerts were discussed at clinical meetings.
- The practice was in the process of transferring their records on MHRA alerts onto the GP TeamNet IT system which made the information more accessible and easier to record.

Effective Rating: Good

Effective needs assessment, care and treatment

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

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

Prescribing	Practice	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHSBSA)	0.77	0.63	0.79	No comparison available

Older people Population group rating: Good

Findings
• The practice identified older patients who were living with moderate or severe frailty. Those identified received an assessment of their physical, mental and social needs. Referrals could be made to a local frailty team to support vulnerable patients in their own homes. • 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. • The practice aimed to offer continuity of care, so that patients would see the same GP. Results

from the last national GP patient survey showed that 60% of patients usually saw or spoke to their preferred GP (local average 42%; national average 50%).

- An acute home visiting service run by nurse practitioners that had been established by Erewash Health Partnership was available Monday to Friday. This service was able to undertake the majority of home visit requests for the practice. The nurse practitioner had access to the patients' records so that the practice team were always aware of the outcomes of their consultations.
- The care coordinator who worked with the practice, reviewed all patients aged 80 and over who had not been seen by the practice in the preceding 12 months. This was to ensure they were safe and well, and if necessary the practice would instigate additional support. It had been agreed to extend this process to those aged 75 and over.

People with long-term conditions Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the review was usually undertaken every six months.
- The practice team worked with other health and care professionals to deliver a coordinated package of care for patients. Monthly meetings were held with community-based staff to review and plan holistic care for patients with specific needs.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice team followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of their condition.
- The practice could demonstrate how they supported patients with conditions, for example diabetes, chronic obstructive pulmonary disease (COPD) and hypertension, by referral to local programmes including pulmonary rehabilitation, long-term disease management courses, and the local diabetes service. There was access for patients to see a specialist nurse for diabetes if their individual needs were complex.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Results from the latest national GP patient survey showed that 76% of respondents at the practice said they had received enough support from local services or organisations in the last 12 months to manage their long-term condition(s). This was slightly below the CCG and national average of 79%.

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	83.9%	80.9%	78.7%	No comparison available

months (QOF)					
Exception rate (number of exceptions).	23.1%	(43)	13.9%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (QOF)	72%		77.1%	77.7%	No comparison available
Exception rate (number of exceptions).	5.9%	(11)	9.7%	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 (QOF)	81.1%		81%	80.1%	No comparison available
Exception rate (number of exceptions).	11.8%	(22)	13.9%	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 (QOF)	83.7%		77.7%	76%	No comparison available
Exception rate (number of exceptions).	0.8%	(3)	7.0%	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 (QOF)	92.6%		89.4%	89.6%	No comparison available
Exception rate (number of exceptions).	5.6%	(4)	16.2%	11.5%	N/A

Indicator	Practice		CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	83.0%		83.2%	82.6%	No comparison available
Exception rate (number of exceptions).	5.1%	(30)	3.1%	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	90.6%		93.8%	90.0%	No comparison available

therapy (01/04/2017 to 31/03/2018) (QOF)					
Exception rate (number of exceptions).	10.2%	(6)	6.1%	6.7%	N/A

Families, children and young people — Population group rating: Good

Findings

- Childhood immunisation uptake rates exceeded the World Health Organisation (WHO) targets with over a 95% achievement.
- Monthly child safeguarding meetings were held between the practice with the health visitor and school nurse. Minutes of the meetings were recorded to ensure other members of the practice team had access to up-to-date discussions about any safeguarding concerns.
- 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.
- 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.

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) (NHS England)	75	75	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (NHS England)	81	84	96.4%	Met 95% WHO based target
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) (NHS England)	81	84	96.4%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (NHS England)	81	84	96.4%	Met 95% WHO based target

Working age people (including those recently retired and students) — Population group rating: Good

Findings

- 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. Patients could also view their summary care record online, and more detailed medical records access upon request.
- The Electronic Prescription Service (EPS) enabled patient to collect their medicines directly from their preferred pharmacy.

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)	80.9%	77.8%	71.7%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	74.7%	75.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (PHE)	60.5%	60.0%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	58.6%	64.8%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	41.7%	51.9%	51.9%	No comparison available

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with a learning disability were encouraged to receive an annual review to ensure their health needs were being met. We saw that 15 of the 26 eligible patients on the practice's learning disability register (58%) had received an annual review in the last 12 months.
- The practice had a system for vaccinating patients with an underlying medical condition according

to the recommended schedule.

- The practice provided a substance misuse clinic on site. A GP partner worked in conjunction with the Derbyshire Substance Misuse Service to support patients with addiction.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- 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 to a local memory clinic for diagnosis. Patients with dementia received a review of their needs at least annually.
- Results from the latest national GP survey showed that 81% of patients felt the healthcare professional they saw recognised or understood any mental health needs during their last consultation (CCG and national average 87%).

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 (QOF)	82.6%		83.5%	89.5%	No comparison available
Exception rate (number of exceptions).	4.2%	(1)	16.0%	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 (QOF)	79.2%		87.1%	90.1%	No comparison available
Exception rate (number of exceptions).	0	(0)	12.0%	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)	86.4%		83.2%	83.0%	No comparison available
Exception rate (number of exceptions).	0	(0)	5.8%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554	Data Unavailable	537.5
Overall QOF exception reporting	4.8%	5.2%	5.8%

The above results relate to 2017-18. Unverified data provided by the practice showed that the practice had maintained a high QOF achievement for 2018-19.

	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

- We saw some examples of clinical audit. However, these lacked consistency and outcomes were not always clear. For example, they did not always adhere to specific audit criteria, and outcomes from one audit were not always reviewed at subsequent audits.

- We saw some examples of clinical audit including full cycle audits on high-risk medicines and contraception. These both showed some improvements in outcomes, for example:

    - the high-risk medicines audit improved the monitoring and frequency of blood tests for patients, and improved procedures to ensure a GP instigated the repeat prescriptions for these medicines.
    - The contraception implants and coil audit had triggered a recall system and a new consent form had been introduced.

- The practice provided a full cycle audit on patients seen as part of the in-house substance misuse service. However, this was not an audit but a broad review of patient consultations undertaken.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	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.	N/A
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.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Explanation of any answers and additional evidence:

- We saw some evidence of staff training. However, the practice training matrix indicated a number of gaps for both mandatory and other training programmes. Following our inspection, the practice provided us with evidence that staff were up to date with mandatory training, and also provided evidence of appropriate clinical staff updates in immunisations and cytology.
- We saw evidence of comprehensive staff inductions. A recently appointed nurse described that they had been well-supported and were receiving appropriate training and supervised practice.
- The last appraisal for the lead nurse was undertaken two years ago. Whilst the nurse had received an appraisal in the last 12 months, this had been undertaken at the other practice they worked at.
- There was no formal supervision or audit of the nurse prescriber. There were informal mechanisms in place but assurances were not being provided at partner level.
- As part of the evolving primary care networks, the practice was hopeful to secure some dedicated pharmacy input to support medicines management and alleviate demands on other clinical appointments.

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams	Y

and organisations, were involved in assessing, planning and delivering care and treatment.	
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: • Reception staff were trained as care navigators, enabling them to signpost patients directly to the most appropriate service to meet their needs.	

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: • The 'Live Life Better Derbyshire' service attended the practice to provide healthy lifestyle support and advice. They were also able to facilitate referrals into social prescribing schemes. • The practice offered smoking cessation advice and could refer patients into schemes to help weight management and exercise promotion programmes.	

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 (QOF)	97.2%	95.4%	95.1%	No comparison available
Exception rate (number of exceptions).	1.1% (11)	0.9%	0.8%	N/A

Consent to care and treatment

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

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

Caring Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: • As a small practice, the team was able to offer a personalised service to patients. Staff knew their patients and their families well and had established a good relationship with them over many years.	

CQC comments cards	
Total comments cards received.	54
Number of CQC comments received which were positive about the service.	39
Number of comments cards received which were mixed about the service.	13
Number of CQC comments received which were negative about the service.	2

Source	Feedback
Observations during the inspection	• We saw that staff interacted with patients in a courteous, respectful and helpful manner throughout the day.
CQC comment cards	• Patients said they were treated in a caring and professional manner. There were many positive comments relating to interactions with reception staff, GPs and the nursing team. Patients said they were given sufficient time during consultations to meet their needs and felt that they were listened to and involved in decisions about their care. There were several comments that highlighted the good care and responsiveness provided to younger children. • Eleven of the 13 cards with mixed comments included positive comments about the care received, but also highlighted a problem in accessing an appointment, or long waiting times on arrival. The other two cards made reference to consultations where the patients' expectations had not been met. • The two negative comment cards related to access to appointments and miscommunications between the practice and patients.
NHS website	• The practice scored 4 stars of a maximum of 5 based on comments posted by

(previously NHS Choice)	21 patients. Twelve of these had been posted in the last 12 months, and these detailed predominantly positive experiences.
National GP patient survey (01/01/2018 to 31/03/2018)	• 95% of respondents to the national survey said they found the reception staff helpful. This was above the local average of 89%, and the national average of 90%.

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
5,176	307	130	42.3%	Not available

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018) (GPPS)	80.4%	89.4%	89.0%	No comparison available
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) (GPPS)	83.7%	87.6%	87.4%	No comparison available
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) (GPPS)	97.3%	96.1%	95.6%	No comparison available
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) (GPPS)	78.7%	82.6%	83.8%	No comparison available

Any additional evidence or comments
• The practice undertook an analysis of these results and arranged their own internal survey to follow up and review ongoing progress. Indicators relating to caring were generally below average. The practice highlights in their analysis that this has improved since 2017, however, the results were not directly comparable as the previous results were based on GP consultations whereas the question is now directed to cover all clinical consultations

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

Any additional evidence
• The practice had a focus on charitable work and had a nominated charity for fund raising each year. The previous year's efforts had raised over £700 for the Help for Heroes charity, and for the current year the chosen charity was for medical detection dogs. Events such as a 'bake off' with staff and patient participation helped to raise money and the reception area included donated books and DVDs for sale.

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:	

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) (GPPS)	90.4%	94.2%	93.5%	No comparison available

	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.	• There were 85 patients on the practice's carers' register, equating to 1.6% of the practice population.
How the practice supported carers.	• The care coordinator who worked with the practice acted as a carers champion. As their role was for coordinating care for adults, the practice was aware they needed focus more on the identification and support of younger carers. • Patients who were carers were clearly identified on their records so that staff were aware of their caring responsibilities. • New carers were provided with information and signposted to sources of appropriate support. This included social prescribing. • There was a dedicated carers information display board within the practice.
How the practice supported recently bereaved patients.	• Bereaved relatives would receive a telephone call from the practice, and any follow up care was discussed such as a consultation with the GP or signposting to bereavement support. • A condolence card was sent to bereaved relatives • The practice website included a range of information about what to do in times of bereavement.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive Rating: 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: • Patients who were visually impaired could request information to be printed in larger font sizes. The practice had informed us that they were aware of a specific font type to use to facilitate easier reading for patients with dyslexia. • The practice had a wheelchair which could be used by patients, and good access throughout the building for wheelchair users • There was a hearing loop at reception.	

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am to 6.30pm
Tuesday	6.45am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8am to 6.30pm
Tuesday	7.10am to 6.30pm
Wednesday	8am to 6.30pm

Thursday	8am to 6.30pm
Friday	8am to 6.30pm

- Patients also had access to an ‘on-the-day’ service provided through Erewash Health Partnership. The practice had six appointments allocated to them on a Monday and three appointments each day between Tuesday and Friday. This service operated at two local sites and was led by advanced nurse practitioners with access to GP support if required. There was also access to physiotherapy appointments via the on-the-day service.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate %	% of practice population
5,176	307	130	42.3%	Not available

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018) (GPPS)	92.4%	95.6%	94.8%	No comparison available

Older people — Population group rating: Good

Findings

- The practice was responsive to the needs of older patients, and offered home visits, telephone appointments and urgent consultations for those with enhanced needs and complex medical issues. There was a flexible approach which included trying to get the patient to see both the nurse and the doctor on the same visit when this was necessary.
- The practice had access to a ‘Home from Hospital’ support service. This gave access to voluntary services support for vulnerable patients at risk of hospital admission, or upon discharge from hospital. Support included assistance with shopping, keeping homes warm and clean, and collecting prescriptions.
- The practice worked with community pharmacists to provide blister packs and a medicines delivery service for housebound patients.
- Patients could book a double slot enabling a longer consultation for more complex issues or to discuss more than one presenting condition.

People with long-term conditions — Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment whenever possible.
- 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. Advice was sought from local

specialist nurses (for example, respiratory and heart failure nurses), when this was indicated.

- 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

- Nurse appointments were available from 7.10am on a Tuesday. This helped access 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- A midwife held a regular clinic on site.
- The practice offered family planning services and contraceptive advice.
- Young people could access services for sexual health at a local health centre. Chlamydia testing kits were available within the practice.

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.
- Pre-bookable appointments were available on weekday evenings from 6.30pm to 8pm to all patients at additional locations within the area, as the practice was a member of a GP federation's extended access scheme. Appointments were available Saturday and Sunday 10am until 1pm.
- There was access to some 'on-the day' appointments provided at hubs in Long Eaton and Ilkeston, and this provided some additional capacity for patient consultations. It also offered more options and choice for patients.
- Patients could ring a dedicated telephone number to order their prescriptions as part of a local CCG initiative.
- The practice was due to introduce a smartphone app called 'MyGp'. This app allowed patients to easily book and cancel appointments, receive medication reminders, order repeat prescriptions and monitor their own heath, for example, blood pressure.

People whose circumstances make them vulnerable — Population group rating: Good

Findings
• The practice held a register of patients living in vulnerable circumstances including those with a learning disability, and adjusted the delivery of its services to meet the needs of patients. • People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. The practice also cared for some patients who resided at a local charitable sheltered facility for the homeless. • The practice attended vulnerable adult risk management meetings as appropriate. If no one could attend the meeting, the practice would provide information to help coordinate a care package for that person. • Appointments were available to accommodate vulnerable patients at the earliest opportunity to respond to their needs promptly and effectively. • An advisor from the Citizens Advice Bureau visited the practice every fortnight to offer support for patients such as how to claim for benefits they were eligible to receive, and housing related issues.

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. Same day appointments were available, and where appropriate the patient would be provided with a double appointment in recognition of their needs. • Patients could self-refer to local talking therapies and services for mental health. Counselling services provided clinics at the practice every week. • 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	Y

necessary.	
Explanation of any answers and additional evidence: • The practice offered on the day appointments for urgent cases. • Home visits were provided by an advanced nurse practitioner-led home visiting service commissioned through Erewash Health Partnership	

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) (GPPS)	67.3%	N/A	70.3%	No comparison available
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) (GPPS)	70.1%	67.7%	68.6%	No comparison available
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) (GPPS)	68.1%	63.0%	65.9%	No comparison available
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) (GPPS)	74.1%	75.2%	74.4%	No comparison available

Any additional evidence or comments
• Twelve of the completed CQC patient comment cards highlighted a problem in accessing an appointment or stated long waiting times on arrival.

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.	10
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	4

Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Explanation of any answers and additional evidence:

- The practice documented both written and verbal complaints to ensure all were analysed and considered for learning opportunities. They were discussed within monthly meetings at the practice.
- We observed that the practice complaints policy did not fully reflect national guidance. However, we saw that the information provided to patients about complaints did provide the correct information. Following our inspection, the practice provided us with written confirmation that they had updated their policy.
- Final complaint responses did not always provide details of the NHS Ombudsman if patients were not satisfied with the outcome of the complaint investigation. Following our inspection, the practice provided us with written confirmation that they had updated final response letters to include this information.
- We reviewed a complaints response where the opportunities for learning had not been fully considered.

Example(s) of learning from complaints.

Complaint	Specific action taken
• A misunderstanding occurred regarding which hospital a referral was being sent to.	• Clearer information to be provided for patients needed with regards to specific referral pathways

Well-led Rating: Requires improvement

The practice was rated as requires improvement for providing well-led services because:

- The practice did not always have sufficient systems to identify, manage and mitigate risk.
- We found that the oversight of some systems required additional assurances to ensure they were working effectively. For example, we identified some issues that required stronger managerial and clinical oversight relating to systems and processes within the practice.

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Leadership capacity and capability

There was compassionate, inclusive and mostly effective leadership. Leaders could demonstrate that they had the capacity and skills to deliver quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	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 practice was a member of the Erewash Health Partnership, covering approximately 70,000 patients. This was a federation of 10 local GP practices who worked collaboratively to ensure standardisation, strengthen resilience, and to derive benefits from economies of scale. Each practice was still autonomous in how they worked. Initiatives such as the partnership's extended access scheme offered greater opportunities for patient consultations.
- GP partners had defined lead responsibilities, for example, substance misuse, dermatology and contraception.

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 strategy was integrated with Erewash Health Partnership's plans to address the NHS Five Year Forward View. • The practice had developed clear aims supported by values.

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:	

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

Source	Feedback
• Staff interviews	• All the staff we spoke with during the inspection gave a very positive account of working with the manager and the GP partners. Staff said that they felt supported and were given flexibility if personal circumstances required some adjustments to their work schedule. • The team worked together well and supported each other. Social events helped team building.

Governance arrangements

The overall governance arrangements did not always deliver 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.	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:	

- There were a comprehensive range of policies and procedures which were regularly updated. These were accessible to staff on the shared drive of the computer although work was in progress to move these onto a system called GP TeamNet which was a more effective management system for electronic documents. Erewash Health Partnership were working to standardise policies across their practice based on best practice, which were then available for further customisation at practice level.
- Although staff told us how to access policies, we found that one clinician struggled to know how to locate policies when requested to do so.
- There was a network of internal meetings, including regular clinical meetings, to support good governance. When practice representatives attended external meetings, feedback was shared with the team to promote best practice.
- We reviewed the minutes of some meetings and found that the quality was variable. This meant that for those unable to attend the meeting, it was not always clear to understand the discussions and outcomes agreed at the meeting. This was particularly evident for clinical meetings, although we saw a more recent example from January 2019 which showed a marked improvement in the quality of the minutes.
- We found that the oversight of some systems required stronger oversight to ensure they were working effectively. For example, the practice had used locum nurses on the basis of their employment within other local practices and used the senior nurse's appraisal from another practice instead of undertaking their own in-house appraisal. There was no formal supervision process in place for the nurse prescriber.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	N
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	N
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Explanation of any answers and additional evidence:

- We found some concerns relating to the oversight and management of some issues relating to safety, and therefore the arrangements for identifying, managing and mitigating risks were not adequate.

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.	Partial

Explanation of any answers and additional evidence:

- Data was used to review performance. However, the practice was aware that they needed to expand their knowledge and use of information technology to maximise the benefits this could provide.
- The practice had not followed the statutory notification process to inform us of changes to the management of the practice in a timely manner.

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:

- Patient feedback was promoted though a comments book, Friends and Family Test returns, internal patient surveys, and discussions with the practice's patient participation group (PPG).
- Quarterly staff meetings took place.
- The practice engaged well with their CCG and reviewed performance data to help to continually improve care. There was a good working relationship with the CCG's medicines management team.
- The practice participated with other local practices in future planning as part of the Erewash Health Partnership and the evolving primary care networks (PCNs)

Feedback from Patient Participation Group (PPG).

Feedback
• We spoke with the PPG Chair. The PPG would usually meet at approximately four monthly intervals. There were usually six to eight regular PPG attendees, and the practice would always send a representative to the meetings. The PPG had supported the practice in fund-raising and had purchased some high chairs for patients with mobility problems. They wanted to develop this

further to support the practice in developing funds which could be used to enhance patient experience. The PPG told us that they were listened to and that they felt the practice provided a quality service for patients.

Continuous improvement and innovation

There were some 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: • Medical and nursing students periodically undertook placements at the practice. The practice aspired to become a GP training practice and one GP had completed their clinical supervisor training. • The lead nurse worked across two GP practices. This helped share good practice.	

Examples of continuous learning and improvement
• As a member practice of the Erewash Health Partnership (EHP), there was a drive towards collaborative working and standardisation locally. Initiatives such as a nurse-led home visiting service and extended access were in operation at the time of our inspection, offering greater flexibility and alternative choices for patients. • The nurse practitioner was undertaking a part-time role for the CCG looking at the development of practice nurse services as part of the wider local CCG strategy.

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 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.