Care Quality Commission

Inspection Evidence Table

Boleyn Road Practice (1-537763824)

Inspection date: 1 April 2019

Date of data download: 25 March 2019

Overall rating: requires improvement

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

Safe

Rating: requires improvement

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.	Partial
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence: The practice had a child safeguarding policy and a general safeguarding policy, which contained the list of the local safeguarding contacts. There was a safeguarding folder, which was kept in the principal GP's room which contained updates and action taken in relation to patients on the safeguarding register. The newest member of the nursing team who had completed one session at the practice had a DBS check in their file dated from 2015, with a self-declaration that they had no conviction.	

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

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: 17 July 2018	Y
There was a record of equipment calibration. Date of last calibration: 1 November 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: 1 February 2019	Y
There was a log of fire drills. Date of last drill: 12 March 2019	Y
There was a record of fire alarm checks. Date of last check: 21 February 2019	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: December 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: A control of substances hazardous to health (COSHH) risk assessment was completed in February 2019.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: December 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: December 2018	Y
Explanation of any answers and additional evidence: The premises risk assessment included risk assessing disability access to the building. There were no actions required as an outcome from the health and safety risk assessment.	

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: 20 March 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The practice had completed the actions identified in the infection, prevention and control audit, which included the practice identifying who their local leads were. A legionella audit and risk assessment was carried out in December 2018 and as a result the practice carried out regular water testing.	

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 staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	
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:

Whilst there had been no recent changes in the practice, the practice monitored the risk of not having a lift available in the building as one is unable to be installed. The practice had acquired the neighbouring premises and completed a feasibility assessment which was externally supported by the commissioners to enable a complete ground floor building extension.

When staff were unavailable to work, other staff members covered their shifts and duties. If no staff were available to cover then a member of the management team would cover the shift. We were shown a winter planning meeting which looked at predicted winter pressures and potential extra clinical and non-clinical staff that may be required.

Reception staff told us that if a patient appeared to be acutely unwell, they would report it to a GP. We noted that there was no protocol or documented approach to assist reception staff members when making an appointment, to highlight which symptoms needed a same day appointment. We were told that staff had received informal training to support them in doing this. Post inspection the practice provided us with evidence that this had now been put in place.

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: Patient notes were summarised by the health care assistant who was trained to do this.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	0.39	0.75	0.91	Significant Variation (positive)
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)	9.2%	9.7%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) (NHSBSA)	5.00	5.55	5.60	No statistical variation
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)	0.38	1.59	2.13	Significant Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	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.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: The practice also monitored the prescribing of Gabapentin and pregabalin. With the exception of Azathioprine where the practice carried out six monthly monitoring instead of three monthly before prescribing, all other high-risk medicines were monitored appropriately. We saw that by the end of the inspection, the practice had reviewed two out of four patients being prescribed Azathioprine that had an inappropriate gap in their monitoring and had designed and distributed a new protocol, which included the correct monitoring guidelines. Emergency medicines were all seen to be in date and in a locked cupboard, aside from rectal diazepam, which was kept separately from the other medicines.	

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: 2	
Number of events that required action: 2	
Explanation of any answers and additional evidence: The practice had completed investigations into two significant events since the last inspection and a total of three in the preceding 12 months. Paper copies of policies were well organised and easy for staff to find, electronic copies of policies and minutes were harder to find and some staff required help in accessing them on the computer system.	

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

Event	Specific action taken
Patient had missing clinical details from their consultation for a post myocardial infarction (MI) `review.	We saw minutes of meeting where this was discussed and disseminated to staff that was not able to attend, where it was agreed that the MI template would always be used in such cases.

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: Alerts were received by the practice manager by email who sent them to the reception manager who processed them with the pharmacist. We saw evidence of patient searches and actions taken due to searches relevant to the practice.	

Effective Rating: Requires improvement

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: Best practice guidelines were saved on all of the desk tops in clinical rooms to enable easy access.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHSBSA)	0.10	0.34	0.79	Significant Variation (positive)

Older people

Population group rating: requires improvement

Findings
• The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. • Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. • Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: requires improvement

Findings

- Patients with long-term conditions had a structured annual review to check their health needs were being met and to enable a review of their medicines. 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. However, there was a lack of understanding about what was required when carrying out spirometry for patients with chronic obstructive pulmonary disease (COPD) and calibration was not carried out on the spirometer. Post inspection we saw evidence that staff members were booked to attend spirometry 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, atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	55.8%	71.3%	78.8%	Significant Variation (negative)
Exception rate (number of exceptions).	4.3% (21)	6.9%	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 (01/04/2017 to 31/03/2018) (QOF)	81.8%	79.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	3.7% (18)	5.0%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	75.8%	79.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	5.6% (27)	7.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	78.9%	78.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.6% (6)	3.0%	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 (01/04/2017 to 31/03/2018) (QOF)	92.6%	92.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	78.9%	81.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.9% (17)	3.2%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	88.9%	88.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	5.7%	6.7%	N/A

Any additional evidence or comments

The practice showed us evidence of working with patients providing them with healthy lifestyle information and referring to specialists including dieticians when necessary.

Families, children and young people

Population group rating: requires improvement

Findings

- The practice showed us data which proved that their childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets. The practice was aware that there were issues with the correct uploading from their clinical system onto the immunisation reporting system of their immunisation data.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	42	61	68.9%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	34	70	48.6%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	54	70	77.1%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	55	70	78.6%	Below 80% (Significant variation negative)

Any additional evidence or comments

We saw historic evidence that the practice had consistently reached the 90% target for all childhood immunisations in the last 10 years. We were also shown evidence that the practice was trying to correct the immunisation reporting upload errors on the system which caused the incorrect reporting of their immunisation achievement.

Working age people (including those recently retired and students)

Population group rating: requires improvement

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.

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)	48.5%	62.9%	71.7%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	23.8%	55.0%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	31.1%	45.2%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	100.0%	80.7%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	50.0%	43.9%	51.9%	No statistical variation

Any additional evidence or comments

The practice were aware that their cytology uptake was below the local averages and explained that this was due to their patient demographic where a significant number of patients were opposed to the screening or had it elsewhere and had not given the practice the results so that it could be entered into the clinical system. The practice also informed us that their patients cytology results were often sent to a practice with a similar name.

People whose circumstances make them vulnerable

Population group rating: requires improvement

Findings

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

People experiencing poor mental health (including people with dementia)

Population group rating: requires improvement

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 training in dementia awareness in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	80.0%	90.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	8.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.0%	91.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	4.9%	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)	87.5%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	11.1% (1)	4.3%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	484.8	510.0	537.5
Overall QOF exception reporting (all domains)	2.7%	5.1%	5.8%

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

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

- The practice had no formal quality improvement activity. However, they had carried out numerous patient searches and made changes but had not written up the findings. For example, we were told the practice ran a search and found they had four patients with low estimated glomerular filtration rate (egFrs) taking metformin, these patients were reviewed and one patient was stopped form taking this medicine. When re-reviewing these patients, there were none who were required to stop taking this medicine.
- A search was carried out to find patients aged over 70 who were being prescribed trimethoprim, one patient was found, this was discussed at a clinical meeting to make sure that all staff were aware that they should not be prescribing this medicine to patients over 70 years of age.
- A search was run looking for asthma patients and found that no patients were being prescribed more than 12 Ventolin inhalers a year, which was in line with national guidelines.
- As a result of the previous inspection where diabetes care was raised as an area for improvement, the practice referred 66 patients to a dietician, 10 were referred to a diabetic nurse and 20 cases were referred to a Diabetologist.

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.	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
Explanation of any answers and additional evidence: Nurses attended nurses' forums and the practice manager informed nurses of what local training was available for them to attend. The nurses took personal responsibility for ensuring they attended clinical updates when required.	

Individual training logs were maintained which highlighted when mandatory training as identified by the provider expired.

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence: The clinical system highlighted two patients on the palliative care register neither of which had an alert on their record to highlight to reception staff members that they were on the register so that they would be treated as a priority. However, we saw minutes of multidisciplinary meetings where these patients were discussed as well as documentation in the patient record where there were notes about discussions held with Macmillan and hospice staff.	

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	99.7%	96.5%	95.1%	Significant Variation (positive)
Exception rate (number of exceptions).	0.4% (4)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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

Caring

Rating: requires improvement

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: The practice was aware of different religious festivals and adapted their services in order to meet the needs of their patients during these times.	

CQC comments cards	
Total comments cards received.	38
Number of CQC comments received which were positive about the service.	38
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment card	Referred to caring and attentive staff members.
Patient	Staff are respectful and accommodating.

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
6224	426	50	11.70%	0.80%

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)	56.3%	82.3%	89.0%	Significant Variation (negative)
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)	50.6%	79.4%	87.4%	Significant Variation (negative)
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)	67.5%	92.4%	95.6%	Significant Variation (negative)
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)	39.1%	73.8%	83.8%	Significant Variation (negative)

Any additional evidence or comments
The national GP patient survey results represented the same results that were available at the previous practice inspection. The practice carried out its own patient satisfaction survey on 39 patients, which asked similar questions to the national GP patient survey, the results of which were more positive. For example, 95% of patients stated that healthcare professionals very good or good at treating patients with care and concern and 90% responded positively to the overall experience of the practice. The practice was however unable to demonstrate the changes that had been made as a result of the survey results.

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

Any additional evidence
The practices own survey, which was completed by 39 patients in March 2019, this survey found: • 90% of patients stated the last healthcare professional was good at giving them enough time during their consultation. • 80% of patients stated they would recommend the practice. The practice could not demonstrate action that had been taken to improve patient satisfaction.

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

Source	Feedback
Interviews with patients.	Patients we spoke with told us they felt involved in decisions about their care and were given options to choose from.

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)	61.1%	86.7%	93.5%	Significant Variation (negative)

Any additional evidence or comments
The practice's own survey, which was completed by 39 patients in March 2019, this survey found: • 97% of patients said they felt involved in decisions about their care. • 86% of patients stated the healthcare professional recognised and understood their mental health needs. The practice could not demonstrate what action had been taken to improve this.

	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.	N/A
Explanation of any answers and additional evidence: The practice did not have a dedicated website, but online services were available.	

Carers	Narrative
Percentage and number of carers identified.	25 (less than 1%).
How the practice supported carers.	The practice refers carers for support when required, they are offered an annual health check and flu vaccination and offered appointments at a time suitable for them.
How the practice supported recently bereaved patients.	The GP visited patients who were recently bereaved and offered appointments and support when required.

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: inadequate

Responding to and meeting people's needs

The practice did not consistently organise and deliver services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Partial
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:

There were no appointments provided at the practice before 9am and after 5:30pm for working patients or patients that could not attend the practice during normal working hours. The telephone was answered at the practice between 9am and 12pm and 3:30pm to 6pm.

We looked at a random week of appointments and found that there were 115 GP appointments and 79 nurses appointments totalling 194 appointments available, which is over 280 appointments below the recommended 79 appointments per 1000 patients.

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	9am to 1pm and 3pm to 6:30pm
Tuesday	9am to 1pm and 3pm to 6:30pm
Wednesday	9am to 1pm and 3pm to 6:30pm
Thursday	9am to 1pm
Friday	9am to 1pm and 3pm to 6:30pm
Appointments available:	
Monday	9:30am to 12:30pm and 3:30pm to 5:30pm
Tuesday	9:30am to 1:30pm 3:30pm to 5:30pm
Wednesday	9am to 1pm and 3pm to 5:30pm
Thursday	9am to 12pm (18 appointments)
Friday	9:30am to 12:30pm 3:30pm to 5:30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6224	426	50	11.70%	0.80%

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)	74.1%	91.4%	94.8%	Significant Variation (negative)

Any additional evidence or comments
Telephones were answered between 9am and 1pm and 3pm to 6pm, during all other times, the practice lines were answered by the local HUB service who provided GP and nurse appointments to patients.

Older people — Population group rating: inadequate

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.

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

Findings

- Patients with multiple conditions had their needs reviewed in one appointment where 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.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- There were no appointments for chronic disease health reviews outside of normal working hours.

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

Findings

- There were no nurse appointments available on a Thursday or before 9am and after 5:30pm on any day for school aged 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: inadequate

Findings

- Services were able to be booked online, including appointments and prescriptions.
- There were no appointments provided at the practice before 9am or after 5:30pm. However, there were appointments available to all patients at additional locations within the area as the practice was a member of a GP federation.

People whose circumstances make them vulnerable

Population group rating: inadequate

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: inadequate

Findings

- Priority appointments were given to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were not able to access care and treatment in a timely way.

National GP Survey results

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

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)	18.2%	N/A	70.3%	Significant Variation (negative)
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)	26.2%	59.9%	68.6%	Significant Variation (negative)
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)	31.9%	61.6%	65.9%	Significant Variation (negative)
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)	37.6%	63.4%	74.4%	Significant Variation (negative)

Any additional evidence or comments
Results from the practice's own survey, which was completed by 39 patients in March 2019, this survey found: • 90% of patients found it easy to get through to the practice by phone. • 79% of patients describe their experience of making an appointment as good. • 79% of patients were satisfied with the available appointment times. • 73% of patients usually get to see their preferred GP. The practice could not demonstrate what action had been taken to improve patient satisfaction.

Source	Feedback
NHS Choices	The practice was rated 2.5 stars on the NHS Choices website, where reviews left were varied. Patients mentioned difficulty in getting through to the practice by phone, but there was also mention of courteous and pleasant staff members.

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.	7
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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 did not have evidence that all complaints were discussed with the appropriate people in the practice so that learning could be shared. We were told that there were no trends in the complaints made.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unable to get through to the practice by telephone	We were told that this was discussed with staff but there was no evidence of this. The practice told us that a formal practice meeting was not held as there was no response by the patient when the practice tried to contact them in response to the complaint giving them not enough detail to go on.

Well-led Rating: requires improvement

Leadership capacity and capability

There was compassionate, inclusive and effective leadership.

	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.	Partial

Explanation of any answers and additional evidence:

There had been many positive changes in the way the practice operated following the previous inspection, the practice was aware that more change was required and told us they were taking the time to make and implement all the changes required.

The practice manager attended quality improvement meetings as a way of developing his leadership skills. There was no formalised succession planning, however, the practice had plans to recruit a new GP partner.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Partial
There was a realistic strategy to achieve their priorities.	Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Partial

Explanation of any answers and additional evidence:

The practice had an organisational chart, which included the grouped names of all staff member by their role, this chart did not include who staff were accountable to or who line managers were. There was however a list of practice duties along with which staff member lead on that particular area and their deputy for all major work streams in the practice.

The practice told us that they had a service development plan, however this was unable to be found on the day of inspection. The practice showed us their statement of purpose which included a practice strategy statement which bullet pointed areas in which the practice wanted to make improvements. The statement did not include how this would be achieved, who was in charge of achieving the areas highlighted and when it needed to be achieved by.

Not all staff were aware of this document, there was no evidence that this had been discussed with the wider practice team, however, practice staff were aware of the vision of the practice and the role they played in achieving it.

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.	Partial
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: The practice manager described steps that would be taken to deal with unacceptable behaviour, but when asked for human resources policies to support this, these were not found or sent post inspection.	

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

Source	Feedback
Staff member	Staff told us they enjoyed working at the practice and felt listened to.

Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management were mostly clear.

	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: The practice had a document which highlighted which staff members led on which roles within the practice, but the organisational chart did not indicate who staff were accountable to. The governance structures had recently been set up and so the practice was in the process of setting up systems to monitor this.	

Practice staff found it difficult to navigate around the computer system to access documents and policies. However, we saw that this was a new process which was in the process of being embedded.

Managing risks, issues and performance

Processes for managing risks, issues and performance were mostly effective.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Partial
There was a systematic programme of clinical and internal audit.	Partial
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: We were told that there was a process to manage performance and the practice manager was able to describe this, but when asked we were not provided with a documented policy. The practice did not have a programme of clinical audit, but carried out searches and made changes to clinical process, but this was not formally written. We saw examples where learning from these searches were shared with staff members.	

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

Engagement with patients, the public, staff and external partners

The practice mostly 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.	Partial
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 practice carried out their own patient survey, the results of which were more positive than the national GP patient survey. However, the practice was unable to demonstrate that sufficient action had been taken as a result of low patient satisfaction.	

Feedback from Patient Participation Group.

Feedback
The practice struggled to find patients to join the patient participation group, recent meetings was attended by one patient who acted as the chair. We were told by a member of the group that the practice was open and honest and wanted patient input into services.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence: The practice had made many improvements since the last inspection and was carrying out work to embed the improvements and changes made into routine 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 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.