

Care Quality Commission

Inspection Evidence Table

Water Eaton Health Centre (1-5025253959)

Inspection date: 1 April 2019

Date of data download: 20 March 2019

Overall rating: Good

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

Safe

Rating: Good

At our previous inspection on 2 October 2018, we rated the practice as inadequate for providing safe services as we identified significant concerns in respect of the systems and processes in place and the levels of risk associated with patient safety.

These arrangements had improved when we undertook follow up inspections on 5 February 2019 and 1 April 2019. The practice is now rated as good for providing safe services.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	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.	P

Safeguarding	Y/N/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
<p data-bbox="57 416 810 448">Explanation of any answers and additional evidence:</p> <p data-bbox="57 488 751 519">During our inspection in October 2018 we found:</p> <ul data-bbox="105 562 1525 1144" style="list-style-type: none"> <li data-bbox="105 562 1525 920">• The practice did not have appropriate systems to safeguard children and vulnerable adults from abuse. One clinical member of staff had not updated their training for safeguarding children to a level appropriate to their role. Learning from safeguarding incidents was not available to staff. We found that records of safeguarding concerns were not accurately maintained and that minutes from safeguarding meetings were not kept. The practice did not maintain registers of children identified as at risk. During our inspection in February 2019, we found the practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff had received up-to-date safeguarding training appropriate to their role. Registers of vulnerable children and adults were maintained and evidence to support regular multi-disciplinary safeguarding meetings were undertaken was available. <li data-bbox="105 965 1525 1144">• Staff who acted as chaperones were trained for their role however, not all had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) In February 2019, we saw DBS checks had been undertaken for all staff requiring them. <p data-bbox="57 1227 1525 1330">During our inspection in April 2019, we saw that improvements to safeguarding systems had been appropriately maintained. We were informed the practice had made the decision to train all staff to level 3 for safeguarding due to the increased safeguarding risks within the patient population.</p> <p data-bbox="57 1373 1525 1512">We noted that the DBS check for one member of staff was from a previous employment. The practice advised they intended to undertake an in-house DBS check for the employee on 3 April 2019. Immediately following our inspection, we were sent evidence to demonstrate the DBS had been requested.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p data-bbox="57 1962 810 1993">Explanation of any answers and additional evidence:</p> <p data-bbox="57 2011 751 2042">During our inspection in October 2018 we found:</p>	

- The practice did not consistently undertake appropriate staff checks at the time of recruitment or on an ongoing basis. Evidence to support staff competencies and qualifications both prior to employment and on an ongoing basis was also lacking. In February 2019, we saw the practice had improved systems for managing staff records and developed protocols to ensure appropriate staff checks were undertaken prior to commencement of employment and on an ongoing basis.
- A system to manage infection prevention and control had been developed but staff records of vaccinations were incomplete. At our inspection in February 2019, the practice had successfully undertaken a comprehensive review of all staff immunity status and records for all staff were maintained.

During our inspection in April 2019, we saw that improvements to recruitment systems had been appropriately maintained. However, training records for one locum were incomplete. The practice advised they were in the process of transferring all staff records to a digital system which would support ongoing management of staff records and training in the future.

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: 7 December 2018	Y
There was a record of equipment calibration. Date of last calibration: 18 October 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: October 2018	Y
There was a log of fire drills. Date of last drill: 27 September 2018	Y
There was a record of fire alarm checks. Date of last check: 28 March 2019	Y
There was a record of fire training for staff. Date of last training: Various dates as done using online training system.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 22 August 2017	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: During our inspection in October 2018, we found the calibration of clinical equipment was overdue and had not been done. During our inspection in April 2019, we saw that calibration had been completed for all required equipment and actions taken to replace or repair equipment where required.	

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

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:	8 January 2019
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: During our inspection in October 2018, we found the practice had not sought assurance that risks associated with Legionella were being adequately managed. During our inspection in April 2019, we saw evidence of regular water checks being undertaken by the landlords to ensure risks to patient safety were minimised.	

Risks to patients

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

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

National Institute for Health and Care Excellence (NICE) guidance.	
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

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
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in October 2018, we found that the practice did not have records to demonstrate regular effective engagement with other agencies to reduce the risks to patients, particularly in relation to safeguarding. In February 2019, we saw evidence the practice had improved its meeting structures and we saw evidence of regular engagement in multi-disciplinary meetings where needed. For example, safeguarding meetings were held every six weeks with the health visitors. Minutes were maintained and patient records updated where needed.</p> <p>During our inspection in April 2019, we saw that the practice continued to regularly engage with other agencies through facilitated meetings, telephone calls and joint working.</p>	

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)	1.11	0.96	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) (NHSBSA)	5.9%	7.5%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.26	5.82	5.64	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)	2.04	2.17	2.13	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	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 changes to a patient's medicines including changes made by other services.	Y

Medicines management	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in October 2018, we found risks associated with blank prescription form management had not been considered. In April 2019, we saw appropriate systems for managing prescriptions had been developed and embedded effectively.</p>	

Track record on safety and lessons learned and improvements made

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded since October 2018:	1
Number of events that required action:	1
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in October 2018, we found the practice did not have a systematic approach to handling significant events and records were not appropriately maintained. In February 2019, we saw the protocol for handling significant events had been updated and there was evidence to support significant events were actioned appropriately and in line with the protocol. Although we were told significant events were discussed in practice meetings, we did not see evidence of this in the minutes of meetings we reviewed. The practice advised that they would ensure significant events were added as a standing item on the agenda for practice meetings in the future.</p> <p>During our inspection in April 2019, we saw significant events continued to be managed effectively and were discussed at practice meetings as required. Learning and improvements were shared with the practice team and action was taken to reduce the risk of recurrence.</p>	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
A sick note had been issued for the wrong patient.	All clinicians were reminded of the importance of checking patient details, including the date of birth. The incident was discussed at a practice meeting to share learning.

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
<p>Explanation of any answers and additional evidence:</p> <p>Following our inspection in October 2018, the practice had expanded its policy for handling safety alerts to ensure a log of safety alerts received and actions taken was maintained. We saw during our inspections in February and April 2019, that this expansion to practice policy had been effectively embedded. The practice pharmacist was responsible for actioning safety alerts, sharing them with the practice team and maintaining a log of all actions taken.</p>	

Effective

Rating: Good

At our previous inspection on 2 October 2018, we rated the practice and all of the population groups as inadequate for providing effective services overall because systems to ensure staff received appropriate training were lacking.

These arrangements had improved when we undertook follow up inspections on 5 February and 1 April 2019. The practice and all of the population groups are now rated as good for providing effective services.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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

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) <small>(NHSBSA)</small>	1.45	0.84	0.79	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none">Older patients were offered priority appointments and had access to a by-pass telephone number, enabling them to contact the practice urgently when needed.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.Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. Flu, pneumococcal and shingles

vaccinations were offered.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

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 GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins which are medicines that reduce levels of cholesterol in the blood and help reduce the risk of exacerbation of cardiovascular disease. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was largely in line with local and national averages.
- The practice pharmacist undertook regular medicines reviews for patients with long-term conditions.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.1%	77.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	26.1% (92)	14.0%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.4%	77.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	16.1% (57)	11.2%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.5%	82.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.9% (56)	13.7%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.5%	77.5%	76.0%	Variation (positive)
Exception rate (number of exceptions).	24.9% (96)	11.0%	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) <small>(QOF)</small>	94.8%	90.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	25.8% (47)	14.3%	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)	79.8%	80.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	9.2% (81)	5.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	97.8%	90.6%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	13.2% (7)	5.0%	6.7%	N/A

Any additional evidence or comments

We reviewed exception reporting for the practice and were satisfied that the practice was working in line with guidelines when excepting patients. We were told that patients received three letters from the practice before being excepted. The practice acknowledged that previous gaps in staffing had impacted on the management of recalls. We were advised the practice expected data representations to improve in line with the stabilised nursing team and work undertaken to improve recalling of patients.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were largely in line with the target percentage of 90% or above (April 2017 to March 2018). We saw that the practice made continued efforts to encourage patients to ensure their children were vaccinated. This included opportunistic discussions during GP or nurse appointments and ensuring immunisation clinics were available after school.
- The practice supported a local school and attended self-care assemblies to discuss self-care with parents and children in a familiar environment.

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)	115	122	94.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	118	128	92.2%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	120	128	93.8%	Met 90% minimum (no variation)
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)	115	128	89.8%	Below 90% minimum (variation negative)

Any additional evidence or comments

The practice advised the below average performance for the percentage of children aged two who had received a MMR immunisation was due to a data entry error as the vaccine was given at the same time as the Hib/MenC booster for which the practice performance was in line with the 90% national target.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice's uptake for cervical screening was 65%, which was below the 80% coverage target for the national screening programme. Uptake for bowel cancer screening was also lower than local and national averages. The practice informed us that patients were often reluctant to engage in screening programmes. The practice had been proactive in encouraging patients to engage with screening programmes. For example, the practice followed up on patients who failed to attend cervical cancer screening appointments to encourage patient uptake and health promotion information was readily available within the practice.
- The practice's uptake for breast cancer screening was in line with the national average.
- 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 40-74. There was appropriate follow-up on the outcome of health assessments and

checks where abnormalities or risk factors were identified.

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)	65.1%	71.5%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	70.0%	72.6%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	50.1%	53.5%	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)	59.5%	61.8%	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)	45.8%	50.4%	51.9%	No statistical variation

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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice was working to support patients on opioids and safely reduce dosages over time through close monitoring and care. These patients were offered continuity of care and saw the same GP at all times where possible.
- The practice offered annual health checks to patients with a learning disability.
- The practice was undertaking health checks for patients who frequently attended A & E services. These health checks were an opportunity to identify and further support these patients required. We were advised that these patients were often referred to locality social prescribing schemes such as LiveLife, which provided social support to lonely isolated patients.

People experiencing poor mental health

Population group rating: Good

(including people with dementia)

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.

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)	100.0%	85.6%	89.5%	Variation (positive)
Exception rate (number of exceptions).	28.6% (6)	18.2%	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)	100.0%	90.8%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	38.1% (8)	16.7%	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)	90.0%	85.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	7.1%	6.6%	N/A

Any additional evidence or comments

The practice advised they had identified a coding error with some patients living in a local nursing home, who had been incorrectly coded as having mental health problems rather than dementia. This had resulted in some higher exception reporting historically for mental health indicators. The practice advised they were working through these records to correct coding as needed.

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)	547.3	542.3	537.5
Overall QOF exception reporting (all domains)	8.9%	7.1%	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.	Y

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

- We reviewed the practice's work to reduce opioid prescribing. We saw that in February 2018 the practice identified 128 patients on opioids during an audit. The practice introduced measures to ensure close monitoring and dosage reduction where possible. A re-audit demonstrated several improvements. For example, 23 patients had had their opioid medicines stopped, 23 patients had been placed on two-weekly prescriptions and six patients had been changed to weekly prescriptions.

Effective staffing

The practice was able to demonstrate 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.	P
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:	
During our inspection in October 2018 we found:	
<ul style="list-style-type: none"> • Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. However, we found that the practice had not sought assurance of these competencies for all appropriate staff prior to employment. In February 2019, we found the practice had improved its recruitment processes to ensure assurances were sought for all appropriate staff prior to employment. These processes had been effectively maintained when we inspected in April 2019. • Not all staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. In February and April 2019, we saw all clinical staff training was up to date and a system had been developed to maintain oversight of required training schedules in the future. • The practice provided protected time for staff to undertake learning and training. However, up to date records of skills, qualifications and training were not well maintained. We noted in our inspections in February and April 2019, that the practice had made considerable efforts to improve record keeping for staff and we saw all mandatory training had been completed. Outstanding peripheral training was appropriately monitored and staff were regularly encouraged to complete all training. • Not all staff had received regular appraisals. During our inspection in April 2019, we saw an appraisal system had been developed and the majority of staff had been appraised. The 	

appraisal for the practice manager was overdue. We were advised that the lead GP was responsible for appraising the practice manager and an appraisal would be arranged as a matter of urgency.

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.	n/a

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) <small>(QOF)</small>	91.1%	94.5%	95.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.8% (10)	0.9%	0.8%	N/A

Any additional evidence or comments

The practice advised they made continued efforts to review patients with long-term conditions and record smoking cessation where possible. However, the practice reported ongoing difficulties with patients engaging with the practice and accepting invitations for reviews.

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: Good

At our previous inspection on 2 October 2018, we rated the practice as requires improvement for providing caring services due to below average performance in the national GP patient survey.

We saw evidence of improvement in patient satisfaction with the service and the practice is now rated as good for providing caring services.

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: The practice population was ethnically and socially diverse and staff we spoke with demonstrated an understanding of the socially and culturally influenced demands of patients using the service.	

CQC comments cards	
Total comments cards received.	11
Number of CQC comments received which were positive about the service.	Seven
Number of comments cards received which were mixed about the service.	Four
Number of CQC comments received which were negative about the service.	None

Source	Feedback
Comments cards received	Patients commented that they found the staff at the practice to be friendly, helpful and polite. GPs and nurses were praised for the high level of care and support patients felt they received. Mixed comments received referred to negative experiences on individual occasions with reception staff and GPs.
Interviews with patients	We spoke with four patients during our inspection and all advised that they found staff were friendly, professional and accommodating to patient requests. Patients told us that GPs and nurses were good at listening to their concerns and informing them of the treatment options available to them. Patients told us they felt they were given adequate time in appointments and that the standard of care was good.

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
6206	388	123	31.7%	1.98%

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)	73.9%	85.1%	89.0%	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)	67.2%	82.3%	87.4%	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)	90.8%	93.0%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	60.8%	77.4%	83.8%	Variation (negative)

Any additional evidence or comments

The practice was aware of its below average performance in the national GP patient survey and had attributed it to difficulties in recruiting clinicians, resulting in a reliance on locums and limitations on continuity of care for patients. During our inspection in October 2018, the practice advised they had successfully secured two long term GP locums and employed three nurses over the twelve months preceding that inspection. The practice informed us that they had received positive verbal feedback from patients since the stabilisation of the clinical team and that they expected patient satisfaction to improve over time.

During our inspection in April 2019, we saw the practice had undertaken its own patient survey during February and March 2019. The practice had opportunistically surveyed 100 patients chosen at random and compared the results to its own survey undertaken in 2017. The results of the survey showed a marked improvement in patient satisfaction. For example:

- 92% of patients surveyed said the GP was either very good or good at being polite and considerate during consultation. With 6% rating their experience as satisfactory. No patients responded negatively to this question although two patients did not respond. This was an improvement on results from the 2017 survey where responses to a similar question resulted in only 60% of patients responding positively.
- 95% of patients surveyed said the nurse was good at putting them at ease. This was an improvement on results from the 2017 survey where responses to a similar question resulted in only 72% of patients responding positively.
- 97 % of patients surveyed responded positively when asked how they would describe their overall experience of the GP practice. This was an improvement on 92% in the practice's 2017 survey and 61% in the most recent national GP patient survey.

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

Any additional evidence

The practice sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment.

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.	We asked patients whether they felt they were involved in decisions about their care and treatment. We were told they found the GPs and nurses were good at ensuring their personal decisions were considered when discussing treatment options.

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)	77.7%	89.4%	93.5%	Variation (negative)

Any additional evidence or comments

The practice was aware of the lower areas of performance in the national GP patient survey and was working towards improvement. The practice advised that GPs continued to attend regular training sessions and were committed to improving the standard of care provided.

	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: Information leaflets were available in other languages and in easy read format upon request.	

Carers	Narrative
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Percentage and number of carers identified.	The practice had identified 86 patients who were carers (1% of the practice list).
How the practice supported carers.	There was a carers form available in the practice for carers to complete. All patients identified as carers were signposted to the local carers charity, MK Carers. The practice had a dedicated carers champion who acted as a point of contact for carers and their families.
How the practice supported recently bereaved patients.	Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice waiting and reception areas were shared with the dental service. The practice had made efforts to improve patient confidentiality at the reception desk. We saw that there was a screen in place to improve privacy and we observed that staff answering the telephones did not disclose patient identifiable information. The practice also had a self-check-in facility to further improve confidentiality for patients waiting to speak to reception staff.</p>	

Responsive

Rating: Requires Improvement

At our previous inspection on 2 October 2018, we rated the practice and all of the population groups as inadequate for providing responsive services overall because records maintained in relation to handling of complaints and concerns were inconsistent. Evidence of learning and improvement to the quality of care as a result of complaints was not available. In addition, patient satisfaction with regard to access was mixed and the practice was performing below average in the results of the national GP patient survey.

These arrangements had improved when we undertook a follow up inspections on 5 February and 1 April 2019. The practice and all of the population groups are now rated as requires improvement for providing responsive services because:

- Results of the national GP patient survey showed that patient satisfaction with access was still significantly below average.

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available	
	Appointments were available daily from 8.20am to 11am and from 1pm to 6pm with a GP.
Extended hours opening	
Mondays, Wednesdays and Thursdays	7am to 8am. Appointments available with a minor injury/illness nurse.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6206	388	123	31.7%	1.98%

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)	84.9%	93.2%	94.8%	Variation (negative)

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- The practice supported 57 patients in a local nursing home offering weekly ward rounds and additional support as required.

People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment where possible, and consultation times were flexible to meet each patient's specific needs.
- The practice had invested in technologies to support patients with long-term conditions or those identified as at risk of developing them. For example, the practice had invested in technology to monitor patients taking anti-coagulants to support appropriate prescribing. (Anti-coagulants are medicines used to thin the blood in patients identified as being at risk of developing blood clots).

Families, children and young people

Population group rating: Good

Findings

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. When the practice was unable to provide urgent appointments for children, patients could be seen at the Primary Care Centre located within the hospital. The service was organised by the local GP Federation, of which the practice was a member and ensured that children from across the locality received same day urgent appointments when their own GP practice was unable to facilitate an appointment.
- The practice provided family planning services, including fitting of contraceptive devices and patient education.

- 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.

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 where possible.
- The practice provided extended hours appointments on Mondays, Wednesdays and Thursdays from 7am to 8am.
- The practice actively promoted the use of online services to improve access for patients unable to telephone or attend the practice during normal working hours.
- The practice had signed up to the Electronic Prescribing Service (EPS), enabling patients to collect their prescriptions from a pharmacy of choice.
- The practice also used utilised a two-way text messaging service (Mjog) to improve digital communications with patients.

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.
- The practice provided health care services for patients living in sheltered accommodation.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice worked with local services to supports patients experiencing poor mental health.
- Where appropriate patients received close monitoring of medicines to reduce risks to patient safety.

Timely access to the service

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

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

National GP Survey results

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)	19.5%	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)	44.0%	59.5%	68.6%	Tending towards 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)	54.9%	61.9%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	52.8%	68.6%	74.4%	Tending towards variation (negative)

Any additional evidence or comments

During our inspection in October 2018, the practice advised of changes made to the appointment system to improve patient satisfaction. This included promotion of online services. During our inspection in April 2019, the practice informed that uptake for online access to services had been slow due to limited internet access within its patient population. The practice advised patient satisfaction had improved and we were shown results from the in-house patient survey of 100 patients to support this:

- 82% of patients surveyed said it was either very easy or easy to get through to someone on the telephone. This was an improvement on the national GP patient survey results and on the practice's 2017 in-house survey where only 36% responded positively.

The practice survey also reviewed patient satisfaction with access to urgent and pre-bookable appointments. The results were positive with 63% and 84% of patients respectively responding positively.

Source	Feedback
Comments cards	We received 11 comments cards and one card commented on delays in accessing appointments.
Interview with patients	We spoke with four patients during our inspection and all four responded positively when asked about appointment access. One patient advised they had found it much easier to book appointments since enrolling for online access to services.

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 since October 2018.	13
Number of complaints we examined.	Four
Number of complaints we examined that were satisfactorily handled in a timely way.	Four
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in October 2018, we found repeat inconsistencies with complaints handling at the practice. At our inspection in February 2019, we reviewed the complaints policy and actions taken in response to complaints received. We found the process for handling complaints had significantly improved. All complaints we reviewed were handled appropriately and learning and improvements were shared and actioned where required. During our inspection in April 2019, we found these improvements had been maintained and the practice continued to learn from complaints where possible.</p>	

Example of learning from complaints.

Complaint	Specific action taken
A complaint was received from a patient following repeat cancellation of their appointment.	The practice was prompt to investigate and respond, offering the patient an explanation and an apology. The complaint was appropriately logged and recorded by the practice.

Well-led

Rating: Good

At our previous inspection on 2 October 2018, we rated the practice as inadequate for providing well-led services as we found significant concerns in the leadership and governance of the practice.

These arrangements had significantly improved when we undertook follow up inspections on 5 February and 1 April 2019. The practice is now rated as good for providing well-led services.

Leadership capacity and capability

We reviewed the practice's leadership capacity and capability and found:

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	P
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.	P
Explanation of any answers and additional evidence: We saw the practice had taken a proactive approach to addressing concerns raised during our inspection in October 2018. All areas noted in the Warning Notices issued had been actioned by February 2019, reducing risks to patients and staff. The practice was a single-handed GP practice supported by locums and did not have a leadership development plan. At the time of our inspection the practice manager had not had an appraisal undertaken by the lead GP for two years. Immediately following our inspection, we were sent evidence to demonstrate an appraisal had been arranged for 23 April 2019. We were informed of plans to secure the practice's future and ensure adequate support was available for staff.	

Vision and strategy

The practice had a vision and a 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.	P
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: During our inspection in October 2018, we found the practice did not have a documented vision or set of values. However, staff we spoke with were able to describe a shared approach to providing high quality care for patients. We reported that although staff spoke positively about working at the practice, there was	

insufficient evidence to demonstrate a culture of high-quality sustainable care. Records of significant events were not maintained and evidence of action, investigation and learning from incidents was not available. Complaints were not always well managed according to recognised guidance. All staff did not receive regular appraisals and we identified risks due to insufficient management oversight of staff training.

During our inspections in February and April 2019, the practice was able to demonstrate considerable efforts made to ensure improvement in all of these areas. Whilst the practice still did not have a formally documented vision and set of values, staff had worked consistently well together to drive improvement and ensure that actions taken were effectively embedded into day to day activities.

Culture

We reviewed the practice culture and found:

	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

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

Source	Feedback
Interviews with staff	Staff we spoke with were proud to work at the practice. They advised that the practice manager in particular was supportive, approachable and committed to the practice, it's patients and staff.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: During our inspection in October 2018 we found: <ul style="list-style-type: none"> Structures, processes and systems to support good governance and management were not established. Practice leaders had established some policies, procedures and activities to encourage safety 	

however, evidence that they were monitored and operating effectively was lacking. Risks were identified with regard to safeguarding, staff recruitment, training and infection prevention and control.

- Records of meetings held were inconsistent and evidence of actions taken in response to concerns identified during meetings were lacking. The practice failed to establish systems to ensure regular engagement with other services and health care professionals involved in the care of vulnerable patients to ensure the safety and wellbeing of those patients.

During our inspections in February and April 2019, we saw the practice had improved processes and developed policies and procedures to support good governance. Identified risks had been reduced through effective implementation of improved systems. In addition, we saw the practice had a regular schedule of internal and external meetings, minutes were kept and required actions completed and recorded as needed.

Managing risks, issues and performance

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

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

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
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had worked with external stakeholders to develop an effective strategy for improvement work. In particular, the practice had worked with the support of the Milton Keynes Clinical Commissioning Group (MKCCG) to ensure that appropriate and timely improvements were made following our inspection in October 2018.</p> <p>We were informed of ongoing strategic plans that included provisions for the future sustainability of the practice.</p>	

Feedback from Patient Participation Group.

Feedback
We spoke with one member of the PPG who advised that due to limited membership, the activity of the group had been minimal, although the practice did facilitate regular meetings. We were informed that the practice manager or a member of the administrative team would attend all meetings but that the lead GP had not engaged directly with the group for some time.

Continuous improvement and innovation

There was 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.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had made significant changes between our inspections in October 2018 and April 2019. The practice team demonstrated an eagerness to learn and improve, developing required skills whilst ensuring that identified concerns were addressed in an effective and timely manner.</p>	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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