

Care Quality Commission

Inspection Evidence Table

Ejaz Medical Centre (1-4622776021)

Inspection date: **13 March 2019**

Date of data download: 04 March 2019

Overall rating: add overall rating here

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

Safe

Rating: Inadequate

We have rated the practice inadequate for safe services as risks associated the absence of some emergency medicines were not assessed and managed.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	N/A
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care	Y

Safeguarding	Y/N/Partial
professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <p>The practice had signed up to Identification and Referral to Improve Safety (IRIS) to enhance detection, assessment, and addressing domestic violence and abuse. IRIS is a general practice-based domestic violence and abuse (DVA) training support and referral programme.</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.	Partial
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We were unable to see the professional registration for one clinical staff member. Following the inspection, the practice submitted an annual appraisal template they had amended to include checks for professional registration.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: July 2018 (all 4 sites)	Y
There was a record of equipment calibration. Date of last calibration: July 2018 (all sites)	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: September 18	Y
There was a log of fire drills. Date of last drill: February 2019	Y
There was a record of fire alarm checks. Date of last check: There were no fire alarms at the main site, but two fire bells were available. Fire bells (two) were also available at each site.	Partial
There was a record of fire training for staff. Date of last training: Different dates	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: February 19	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	N
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January 2019	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice was unable to provide health and safety risk assessments on the day when asked. Following the inspection, the practice submitted health and safety risk assessments for all sites. We identified a number of areas where a risk assessment was necessary but not completed, however following the inspection the practice submitted evidence that these had been addressed. We were told that fire alarms were tested at the branch sites, but these were not documented. Following the inspection, the practice submitted a template that had been created and placed at 	

each site to facilitate documentation.

- There had been no equality impact assessment for any of the branch sites to identify inequalities for people who had difficulty with their mobility. Following the inspection, the service provided evidence that this had been carried out and call bells had been installed at all relevant sites.

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:	March 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:	
<ul style="list-style-type: none"> • There was no cleaning record for one type of medical equipment at any of the branch sites. Following the inspection, the practice forwarded a cleaning log that had been developed and told us they were now being used to document any maintenance activity. • Arrangements for disposing of sanitary waste had not been considered in the disabled toilet at one of the branch sites. Following the inspection, the practice informed us that a sanitary bin had been purchased and placed at the relevant site. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	N
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
<p>Explanation of any answers and additional evidence:</p> <p>The service did not demonstrate a consistent approach to reviewing patients on long term medicines as discussed below.</p>	

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.	Partial
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	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>Although patients' clinical notes contained all relevant information, we saw evidence that referral forms did not always fully reflect. This was due to inconsistencies in the way the referrals were being completed. Following the inspection, the practice informed us that they had arranged training for relevant staff to ensure there was consistency in how the forms were being completed.</p>	

Appropriate and safe use of medicines

The practice did not have effective systems for the appropriate and safe use of medicines.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.67	0.90	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	8.1%	7.6%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	6.15	5.18	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.64	1.97	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	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.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines	Y

Medicines management	Y/N/Partial
including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	
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.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice could not demonstrate a consistent approach to medication review intervals. Records we looked at showed that patients were being followed up, however some clinicians were reviewing patients at different frequencies. Although we did not find evidence that patients had suffered harm as a result of this, the practice was unaware of these inconsistencies. Following the inspection, the practice provided evidence that their policy had been reviewed and patients would be reviewed on a six-monthly basis going forward.</p> <p>The provider did not stock all relevant emergency medicines at any of the sites. The provider shared with us a risk assessment for not stocking these medicines. However, the risk assessment was not comprehensive and did not provide adequate mitigation and re-assurance that patients could access appropriate treatment in emergency situations.</p> <p>Vaccines should be kept at temperatures between 2 and 8 degrees Celsius. Exposure to temperatures outside these ranges may result in reduced vaccine potency and increased risk of vaccine-preventable diseases. A log used to record fridge temperatures at one of the branch sites showed that the vaccine fridge had exceeded the maximum temperature of 8 degrees Celsius (8.7) for 10 consecutive days and the log did not indicate that further actions had been considered. Staff members we spoke with on the day were unable to provide an explanation. Following the inspection, we asked the practice to seek further guidance on this and to assure itself that the vaccines were safe to administer and fit for purpose. Following the inspection, the practice told us that staff witnessed the rise in temperature as the fridge was being opened and closed during an immunisation clinic. The fridge was calibrated in July 2018 and a risk assessment conducted by the service concluded that the rise in temperature lasted for</p>	

Medicines management	Y/N/Partial
a matter of minutes and therefore, the practice felt no immediate action was necessary. The service also told us that they had purchased and installed data loggers in all fridges across all sites.	

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:	15
Number of events that required action:	15
Explanation of any answers and additional evidence: We saw evidence of action plans developed following review of all incidents to mitigate any further risks.	

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

Event	Specific action taken
Unsecured prescription stationery	Due to a printer malfunction, prescription stationery was taken out to fix the printer. However, the prescription stationery was left on the window sill and the fridge. This was observed by the practice manager who held a meeting the same day to discuss importance of prescription security and implications. Staff were advised to treat prescription stationery like smartcards and controlled drugs with strict security.
Electric heater left on overnight	The practice identified this as a potential fire risk and as a result decided to remove all electric heaters from all the sites.

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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>A GP partner was responsible for receiving and forwarding alerts to relevant staff. They reviewed if the alerts were relevant for the practice and if an action was required. The GP partner was responsible for ensuring relevant actions had been taken. Examples we looked at demonstrated that appropriate actions had been taken.</p>	

Effective

Rating: Requires improvement

Druid Group is a provider of general medical services based at four sites. The practice had one patient list size of an approximate population of 11,300 patients and the all the data reflects all sites. Whilst patients were able to access care at any site, the branch sites were approximately 45 minutes commute away from the main site.

We rated the practice requires improvement for effective services cancer screening achievement including cervical cytology was below local and national averages. Audits dd not always demonstrate quality improvement. Exception reporting for some areas were above local and national averages.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with evidence-based guidance.

	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.	Partial
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: Although patients' clinical notes contained all relevant information, we saw evidence that referral forms were not always fully completed to reduce delays. Following the inspection, the practice informed us that they had arranged training for relevant staff to ensure there was consistency in how the forms were being completed.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.68	0.81	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- Vaccinations appropriate for this age group such as shingles, flu and pneumococcal polysaccharide vaccine (PPV) was offered.

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 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. For example, the practice had employed clinical pharmacists to review medication and patients on multiple medicines. However, in some areas such as diabetes management the practices exception reporting was above the local and national averages.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Evidence of asthma and chronic obstructive pulmonary disease (COPD) reviews following discharge from hospital or out of hours services were available and appropriate.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- There was a dedicated GP partner to review patients with long term respiratory conditions alongside a community respiratory nurse and respiratory consultant.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring. The was provision for electrocardiogram testing, spirometry and phlebotomy at the practice.
- 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)	87.5%	79.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	25.6% (240)	12.4%	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)	93.7%	77.2%	77.7%	Variation (positive)
Exception rate (number of exceptions).	10.7% (100)	10.4%	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>	85.5%	81.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	19.8% (186)	11.6%	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>	72.2%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.8% (29)	6.2%	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>	91.9%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	18.9% (43)	11.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	82.3%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.6% (60)	4.5%	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)	88.6%	88.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.0% (5)	8.1%	6.7%	N/A

Any additional evidence or comments

We discussed with the practice the areas of high exception reporting. They told us the demographics and location of the service was a barrier to achieving high patient outcomes. Despite this the providers were pleased with the high achievement for diabetes outcomes. They told us that many of the patients were from south Asia and travelled regularly which made it difficult to ensure timely review of their long-term conditions including diabetes. However, they engaged with patients and ensured opportunistic reviews where possible.

We looked at reasons for exception reporting and saw that patients had been exception reported appropriately for example, when they declined. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Families, children and young people

Population group rating: Good

Findings

- Data we reviewed before the inspection showed that Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. However, data supplied by the service on the day showed that immunisation rates were in line with WHO targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. Childhood immunisations and six to eight-week health checks were carried out.
- 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. The service worked closely with Umbrella and signposted patients where relevant.

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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)				
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)				
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)				
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)				

Any additional evidence or comments
<p>There was a local data problem which meant the published data was incorrect for the practice.</p> <p>We received corrected data from the local The Child Health Information Service (CHIS) provider, which was as follows:</p> <p>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) – Numerator: 87, Denominator: 116, Practice %: 75.0%; Comparison to WHO target: Below 80% uptake.</p> <p>The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) - Numerator: 55, Denominator: 99, Practice %: 55.6%, Comparison to WHO target: Below 80% uptake.</p> <p>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) - Numerator: 61, Denominator: 99, Practice %: 61.6%, Comparison to WHO target: Below 80% uptake.</p>

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) - Numerator: 62, Denominator: 99, Practice %: 62.6%, Comparison to WHO target: Below 80% uptake.

The above data shows that the immunisations rates were significantly below targets. The practice showed us (Open Exeter) data from a more recent time period which suggested that they were now achieving targets. However, this data was not directly comparable or verified by CHIS.

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.
- Same day telephone consultations were available.
- The practice achievement for cancer screening was below local and national averages including for cervical cytology. The service started to offer cervical cytology service on Saturdays as well as appointments with a health care assistant.

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)	60.5%	68.0%	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)	51.7%	63.7%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	33.9%	43.9%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	55.6%	74.1%	70.2%	N/A
Number of new cancer cases treated	60.0%	52.1%	51.9%	No statistical

(Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)				variation
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Any additional evidence or comments

The practice was aware and was working to improve its uptake for cervical screening. Clinicians told us that some cultural issues acted as barriers for some patients to access cervical screening. The practice tried to engage and there were leaflets and poster in reception area and alerts were on the patient record system if a patient was due their screening.

There was only once nurse who worked at all four sites and the provider told us that this may have contributed to the low achievement for cervical cytology. However, the practice stated that they struggled to recruit a practice nurse. The current nurse was new to general practice and the service had supported them to transition to the role from district nursing. Due to the difficulty of recruiting a practice nurse the provider told us that they had recruited physicians' associate and clinical pharmacists to supplement the existing staff.

Saturday clinics for cervical screening was organised at the main site from 9am to 1pm to improve uptake and to ensure patients who worked could attend. We were told that this service had been running for last three to four weeks.

The practice bowel and breast cancer screening were lower than local and national averages. The practice told us that they had started to read code all patients attending bowel and breast screening appointment. This allowed the practice to opportunistically remind those patients when they called or attended an appointment.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed patients at local residential homes.
- Any patient on the practices vulnerable register were offered same day appointment.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness 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.
- A clinical member of staff was appointed by the practice to be the mental health representative and link with the mental health team for all locality practices.
- The practice was taking part in The Active Wellbeing Society (TAWS), a two-year pilot project.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

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)	95.8%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	15.2% (17)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.9%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	12.5% (14)	7.8%	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)	97.2%	85.9%	83.0%	Variation (positive)
Exception rate (number of exceptions).	16.3% (7)	6.0%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.2	545.4	537.5
Overall QOF exception reporting (all domains)	10.7%	6.1%	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 carried out a number of audits.

An audit on a medicine used to manage obesity in adults showed that 5% of patients did not have their BMI recorded at initiation of the medicine and 50% did not have a weight loss review recorded at 12 weeks. Re-audit findings showed that all patients BMI was recorded at initiation of the medicine and follow up of patients remained poor at 38%. This did not demonstrate that improvements were being achieved in all areas. The audit recommended that effort must be made to review patients at 12 weeks.

A myocardial infarction audit was carried out to review the prescribing of prevention therapy in secondary care and to assess if it was in accordance with guidance. The audit also aimed to identify whether patient management plans were complete, accurate and relevant. Following the audit, feedback was provided to secondary care on findings and a re-audit identified further learning for the practice and hospitals.

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.	N
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:

The provider had supported three staff members to train as healthcare assistants (HCAs). The practice funded the course and provided protected learning time.

The practice nurse was supported to transition from district nursing to general practice and the service ensured they had attended relevant training such as cervical cytology and immunisation training.

The practice had recruited pharmacist prescribers and physician's assistants. However, we did not see any evidence of a formal system in place for clinical supervision to ensure competency was reviewed and maintained.

Following the inspection, we were told by the practice that all patients seen by a physician's associate were reviewed by a GP. Physician's associates were not allowed to see any patient without a GP review.

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
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

Staff helped patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	
The practice had taken on an enhanced service to provide screening for tuberculosis (a bacterial infection) to new patients and those that had travelled to high risk areas within the last six months. The practice was based in an area with diverse and migrant population.	

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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)	93.7%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.0% (23)	0.6%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Requires improvement

We rated the practice requires improvement for caring services. The number of carers identified was below what was expected. The service was unable to sufficiently demonstrate that they had responded to relevant findings from the national GP patient survey for this key question.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. However, feedback from the national GP patient survey showed some areas was below local and national averages.

We rated the practice requires improvement for caring services because staff treated patients with kindness, respect and compassion. However, feedback from the national GP patient survey showed some areas was below local and national averages and there was no evidence that the practice had reviewed and acted on the feedback.

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

CQC comments cards	
Total comments cards received.	38
Number of CQC comments received which were positive about the service.	35
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	2

Source	Feedback
NHS Choices	We looked at the NHS choices feedback for each site and generally there were positive comments about staff and service for the main site. We saw mixed comments for the three other branch sites mainly regarding access to appointments.
Comment cards	Patients were positive about the care received and their interactions with clinicians including the nurse. Patients stated that the GPs were knowledgeable and informative and took time to discuss their needs. Staff were caring and professional and always received excellent service.

Patients	We spoke with two patients on the day and they were positive about the care received. Patients said that the staff were caring and professional.

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
11204	408	108	26.5%	0.96%

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)	83.0%	87.7%	89.0%	No statistical variation
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)	78.5%	85.9%	87.4%	No statistical variation
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)	86.3%	95.4%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	66.2%	81.0%	83.8%	No statistical variation

Any additional evidence or comments

The above data shows that the percentage of respondents to the national GP patient survey who responded positively to the overall experience of their GP practice was below local and national averages. The practice believed that access to appointments was the significant contributing factor. The practice was working to improve access. For example, there was a high missed appointment (DNA) rate and we saw that these were communicated to patients. The practice hoped this would help reduce the DNA rate and increase access. The practice had employed a physician's assistant and was trialling appointments throughout the day and hoped to roll out to other sites if it proved to be successful. The practice had employed two clinical pharmacists and told us that they planned to recruit another physician's assistant to improve access to appointments.

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

Any additional evidence

The above data shows that patient feedback regarding experience of their GP practice was below local and national averages in all areas. The practice stated that the achievement was due to lack of access to appointments. However, this was not supported with any evidence such as an in-house patient survey.

The practice had developed an action plan in some areas where it had underperformed in the national survey. For example, the practice had discussed with clinical staff and non-clinical staff at meetings of the need to treat patients well and giving them good experience of the practice. However, there was no evidence of follow up to monitor improvements.

The practice told us that they used NHS choices feedback as well as the friends and family test to improve service. For example, patient feedback on NHS choices website stated that closing time on telephone message was not mentioned. As a result, the message on the telephone system had been amended.

The practice had a patient participation group (PPG) that meet twice a year to improve service. The PPG raised an issue regarding parking especially at the main sites as there was only 11 spaces. The practice responded by designating some spaces for patients with a disability.

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	Y

advocacy services.	
Explanation of any answers and additional evidence:	

Source	Feedback
Interviews with patients.	We spoke with two patients including a member of the patient participation group (PPG). We received positive comments about the staff and service.

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)	87.4%	92.7%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 55 carers which was 0.5% of its list size. We saw a poster in reception area to encouraged patients to register if they were a carer.
How the practice supported carers.	The practice offered flu jabs and health checks to carers. Records indicated that all had been invited for flu jabs and 29 have taken this up. The practice had invited 45 patients for health checks but was unable to confirm the number that had taken up the offer. Following the inspection, we were told

	<p>that all 45 carers had taken up the offer of a health check.</p> <p>We were told that the practice offered non-contractual evening and weekend clinics to increase uptake of flu vaccines and to give access to population groups who were unable to attend during surgery time</p> <p>The practice also referred relevant patients to carers UK and information leaflets were provided.</p>
How the practice supported recently bereaved patients.	The GP provided leaflet to the bereaved with information of other services when they attended service.

Privacy and dignity

The practice had taken action to improve 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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The reception area at the main site was open and staff told us that they offered private room if a patient wanted to speak confidentially. At all the branch sites we noted that confidentiality was not managed as well. For example, there were no signs to ask patients to stand back whilst conversations were ongoing at reception desk. Following the inspection, the practice submitted evidence to show that they had placed laminated signs on front desks in reception at all sites.</p>	

Responsive

Rating: Requires Improvement

We rated the practice requires improvement for providing effective services overall and across all of the population groups as patients reported that they found access to appointments difficult.

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.	Partial
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: The main site had a ramp for access and disabled toilets facilities were available. However, the practice had not carried out equality impact assessment for the branch sites to identify inequalities for people who had difficulty with their mobility. Following the inspection, the practice had forwarded an assessment and told us that call bells had been installed at all sites so that patients with a disability could ask for assistance.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	9am-12.30pm and 3pm-6pm
Tuesday	9am-12.30pm and 3pm-6pm
Wednesday	9am-12.30pm and 3pm-6pm
Thursday	9am-12.30pm and 3pm-6pm
Friday	9am-12.30pm and 3pm-6pm
Appointments available:	
Monday	9am-12.30pm and 3pm-6pm
Tuesday	9am-12.30pm and 3pm-6pm
Wednesday	9am-12.30pm and 3pm-6pm
Thursday	9am-12.30pm and 3pm-6pm
Friday	9am-12.30pm 3pm-6pm
The main site at Ejaz Medical Centre and the branch site at Glebe Farm Road Surgery closed on	

Wednesday afternoons. The branch sites at Belchers Lane Surgery and Hobmoor Road Surgery closed on Thursday afternoons.

The practice also provided weekend access on Saturdays and Sundays between 9am to 1pm as part of the hub working arrangements with local practices.

When the practice was closed the phones re-directed patients to an out of hours provider.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11204	408	108	26.5%	0.96%

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)	91.2%	94.4%	94.8%	No statistical variation

Older people

Population group rating: Requires Improvement

Findings
<p>We rated the service as requires improvement for providing responsive service. The concerns identified affect all the population groups which we have also rated as require improvement.</p> <ul style="list-style-type: none"> • All patients had a named GP who supported them in whatever setting they lived. • The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. • In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. • There was a medicines delivery service for housebound patients (delivered by the patients designated pharmacy). Flu and other appropriate vaccinations such as shingles were administered by clinicians at the patient's home.

People with long-term conditions

Population group rating: Requires Improvement

Findings
<ul style="list-style-type: none"> • Patients with multiple conditions had their needs reviewed in one appointment. The practice had employed clinical pharmacists to review medication and patients on multiple medicines.

- Rescue packs for COPD patients were offered as part of their self-management plans.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Requires Improvement

Findings

We rated the service as requires improvement for providing responsive service. The concerns identified affect all the population groups which we have also rated as require improvement.

- Extended opening hours and weekend appointments were available through hub working arrangements. After school appointments for children were available at the practice.
- 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.
- The practice followed up with a phone call on any missed paediatric appointments at the hospital.
- There was provision of same day appointments at the end of surgery where necessary; particularly for children and the elderly.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

We rated the service as requires improvement for providing responsive service. The concerns identified affect all the population groups which we have also rated as require improvement.

- Some needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was taking part in the CCGs aspiring to clinical excellence (ACE) programme to deliver services to meet local needs/priorities. However, we also saw that needs of those with a disability had not always been considered.
- The practice offered extended and weekend hours through hub working arrangements. Cervical cytology appointments were offered on Saturdays.
- Online and telephone appointments were available with text reminder service.
- A full range of family planning services were available including sexual health and referral to relevant organisations.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

We rated the service as requires improvement for providing responsive service. The concerns identified affect all the population groups which we have also rated as require improvement.

- 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. They were offered reviews including assessment of their physical health.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

Findings

We rated the service as requires improvement for providing responsive service. The concerns identified affect all the population groups which we have also rated as require improvement.

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- There was a dedicated healthcare assistant to assess housebound patients with dementia; blood tests were offered before referral to relevant services.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were unable 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
Explanation of any answers and additional evidence:	

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)	82.0%	N/A	70.3%	No statistical variation
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)	58.8%	62.4%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	52.3%	62.8%	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)	59.2%	69.8%	74.4%	No statistical variation

Any additional evidence or comments

The practice had developed an action plan to improve in the areas identified in the national GP patient survey. However, the practice had not carried out an in-house survey to further explore areas for improvement. The national GP patient survey reflects overall feedback for all four sites and there was no process to identify improvements for specific branch sites.

One of the GP partners we spoke with felt that some of the low satisfaction scores were due to access to appointments. As a result, the practice had recruited a physician's associate and was trialling whole day appointments with them. If this was successful, the provider planned to roll this out to other sites. The practice planned to recruit another physician's assistant. The practice also employed a clinical pharmacist.

The practice had reviewed its appointment system following feedback from patient complaints. Previously, patients were only able to book appointments on the day, however changes had been implemented to introduce advanced booking.

There was also a high number of missed appointment (DNA) and practice was trying to address this to further improve access.

Source	Feedback
NHS Choices	Patient feedback for all four sites was mixed. Some patient stated that they received quality care and were positive about the staff. Others also stated that they couldn't always get an appointment and staff attitude was not professional. The provider responded to any negative feedback and explained any issues where

	relevant.
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Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	20 (10 written 10 verbal)
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.	Y
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Staff attitude	Complaint received regarding staff member attitude. The service provided training for the staff member.
Access to appointment at a branch site	Appointments at a branch surgery was changed from booking two weeks in advance to 48 hours booking.

Well-led

Rating: Inadequate

We have rated the practice as inadequate as there was a lack of effective leadership and oversight and no formal system in place to assess and monitor the governance arrangements in place. This did not ensure a consistent approach in the monitoring of the quality and safety of the service provided

Leadership capacity and capability

There was compassionate and inclusive leadership at all levels. However, leaders were unable to demonstrate a consistent approach to service delivery.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
They had identified the actions necessary to address these challenges.	Partial
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
The leaders were able to demonstrate that they understood some of the challenges to the quality and sustainability of the service. For example, the providers discussed the difficulty in recruiting nursing staff and how they were looking to balance this with recruitment of other allied health professionals such as clinical pharmacists and physicians' associates. The practice acknowledged the need to update some of the premises to ensure delivery of a quality service. However, we identified a number of issues and risks which had not been identified and addressed. This did not demonstrate effective leadership oversight.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
The practice had a vision to deliver best outcomes and tackle inequalities; meet the health and wellbeing needs of a diverse population and improving services working within a financial sustainable system.	

Although there was a clear vision and strategy to provide high quality care, our findings did not demonstrate that the service was effective in delivering that vision.

Culture

The practice had a culture which drove high quality sustainable care. The providers had a vision to deliver a high-quality service and staff members were supported to develop in their role.

	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
<p>Explanation of any answers and additional evidence:</p> <p>Staff members we spoke with told us that leaders visible and approachable. The practice had supported and encouraged staff members to develop their skills. The GP partners discussed how they encouraged cooperative, supportive and appreciative relationships between all staff.</p>	

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

Source	Feedback
Staff	We spoke with a number of staff members at all four sites. All the staff members we spoke with were positive about working at the practice and told us they were being supported. Some of the staff members had been supported to become healthcare assistants; the practice paid for the course and provided learning time. The practice nurse was helped to transition to their role.

Governance arrangements

Staff were clear on their roles and responsibilities. However, there was a lack of formal processes to ensure consistency and manage risks at all sites.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	N
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Explanation of any answers and additional evidence:

The provider formed in April 2017 with four sites. We were told that the practice previously operated as four surgeries separately and was now run with three managing partners and one practice manager. We were told that there were lead staff members for each area such as Quality and Outcomes Framework (QOF). However, our findings on the day did not demonstrate an effective system and oversight to identify risks and ensure a consistent approach to the delivery of a quality service. For example, there was no oversight of risks at all sites and an inconsistent approach to care delivery including medication reviews.

Whilst there was evidence of oversight and ownership of areas such as complaints and management of significant events/ incidents this was not the case in other areas. For example, the service had a contract with an external agency to help develop risk assessments. However, on the day we noted that they had not been completed and it was not clear who was responsible for this or had any oversight.

The service failed to demonstrate an adequate response to the national patient survey in regard to patient experience and satisfaction. The practice felt it was due to lack of access but there was no evidence to support this.

Audits did not always demonstrate quality outcomes for patients and the governance processes were not effective to ensure follow-up leading to better clinical outcomes.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	N
There were processes to manage performance.	N
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	N
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>The provider was unable to demonstrate a comprehensive assurance system to identify risks, manage performance and identify gaps across all four sites. For example, there was no process to document cleaning of medical equipment. The provider had not considered issues regarding access to all sites by disabled persons or those using a wheel chair. New allied health professional such as physicians' associate and clinical pharmacists had been employed. Whilst pharmacists did not need to be directly supervised there were no formal processes in place to review competency of physicians' associates. Following the inspection, we were told by the practice that all patients seen by a physician's associate</p>	

were reviewed by a GP. Physician's associates were not allowed to see any patient without a GP review. The practice employed one nurse who worked at all four sites on set days. There was no evidence that the impact on this had been considered on for example, the uptake of cervical screening. The GP partners told us they had struggled to recruit nurses and had recruited allied health professionals to improve clinical capacity.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	N
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
The practice did not have a consistent approach when completing the two-week referral forms. We looked at some examples which showed that staff were not always ticking all the relevant options. Following the inspection, the practice informed us that they had taken action to ensure a consistent approach to referrals including training for staff.	

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.	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 had not carried out an in-house survey. One of the GP partners we spoke with told us that whilst they had not undertaken an in-house patient survey, they were aware of some of the issues which mainly related to access to appointments. They told us that they had received feedback through the	

patient participation group (PPG) and discussion with patients during consultations. The practice had recruited allied health professionals such as clinical pharmacists and physician's assistants to help improve access, but the practice could not demonstrate that this had yet had any effect as there was no process to monitor this. However, the service was unable to improvements needed in other areas-as indicated by the survey such as patient experience.

The practice monitored the NHS choices website and the national patient survey. We saw that an action plan had been developed following findings from the national patient survey, so improvements could be achieved in some of the areas. The national GP patient survey also identified that patients were unhappy with the type of appointments they were offered and the appointments times. The practice was unable to demonstrate that they had explored this area of the survey further with patients and the action plan did not address this either.

The practice had a suggestion box, but we were told that no comments had been received. The practice took part in the NHS Friends and Family Test (FFT), but we were told that only one feedback had been received. There was no other system to capture feedback for the branch sites.

Feedback from Patient Participation Group.

Feedback

We spoke with one member of the PPG and they were positive about the service. They told us that they did not access the service often but could get an appointment when needed.

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement

The practice hoped to work more collaboratively with the primary care networks (PCNs) and focus on preventative medicine and health education to empower patients.

The practice was taking part in The Active Wellbeing Society (TAWS), a two-year pilot project. The TAWS project was an independent social enterprise which worked to improve people's health and wellbeing through physical activity.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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