

Care Quality Commission

Inspection Evidence Table

Dr Pal & Partners (1-562761826)

Inspection date: 2 April 2019

Date of data download: 25 March 2019

Overall rating: Inadequate

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

Safe

Rating: Inadequate

Safety systems and processes

The practice did not have systems, practices and processes to keep people safe.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Partial
There were policies covering adult and child safeguarding.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	No
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: The practice sent us their safeguarding policy following the inspection. This had been due to be reviewed on 31/03/2019. Siblings and parents of children on the safeguarding register were not coded. We asked the safeguarding lead about looked after children and children in care being coded on the computer	

Safeguarding	Y/N/Partial
system. They were unable to show us any alerts or evidence that a register of these children was kept.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had updated their recruitment procedures since their previous inspection. We looked at the personnel files for staff recruited from June 2018 onwards. All the required checks had been completed and relevant documentation were kept. All the required information for locum GPs were kept on file. The professional registration for clinical staff had been checked and evidence of current medical indemnity insurance for clinicians was also documented.</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: 16/09/2018	Yes
There was a record of equipment calibration. Date of last calibration: 07/12/2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: Royton October 2018, Shaw March 2019.	Yes
There was a log of fire drills. Date of last drill: Royton 19/04/2018, Shaw 12/10/2018.	Yes
There was a record of fire alarm checks. Date of last check: Royton 02/04/2019, Shaw 29/03/2019	Yes
There was a record of fire training for staff. Date of last training: All staff had been trained in the previous 12 months	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 10/10/2017	Yes

Actions from fire risk assessment were identified and completed.	Yes
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Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:26/09/2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Partial
Explanation of any answers and additional evidence: The practice had an infection control policy. This contained a document titled 'Correct use of sharps bins'. The practice's policy stated sharps bins should be sealed and disposed of one month after assembly, or earlier if the sharps bin was over three quarters full. However, we identified one of the sharps bins in the GP's room at the Shaw practice was dated as opened on 08/06/2018, and so was overdue for disposal.	

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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	No
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted, and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
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.	No
There was a process in the practice for urgent clinical review of such patients.	No
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	

Staff had received sepsis training and were aware of the signs to look out for.

Reception staff told us there was no guidance and they had not received training about how to action urgent home visit requests. They told us that they used their common sense to determine if a 111 or 999 call was more appropriate.

We saw that home visit requests were not dealt with consistently. We saw an example of a request for a visit being made at 9.45am the day before the inspection. A further request had been made at 11.49am as the patient had deteriorated. Neither of these requests was brought to the attention of the GP, who confirmed they did not see the requests until after 12.30pm. This meant that patients with symptoms that required urgent action were not always receiving clinical intervention at the required time.

When a home visit had been carried out they were not always input onto the clinical system. We saw an example of a home visit from 21/03/2019 where nothing had been documented on the system. Staff told us this was not unusual. This meant that clinicians did not have access to the most up to date clinical information about a patient so safe judgements could not always be made.

The practice manager told us there was a home visit protocol, but they could not locate it. Following the inspection, they put a new protocol in place.

Information to deliver safe care and treatment

Staff did not always have 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.	No
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	No
Explanation of any answers and additional evidence: The practice did not have appropriate systems in place for the safe management of home visit requests. We found that some home visits dating back as far as the 21 March 2019 had not been entered onto the clinical system. This meant that the patients' medical records did not contain complete and accurate information. If the patient was using multiple services, then any clinical information relating to a recent home visit would not be available.	

Appropriate and safe use of medicines

The practice had some 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) <small>(NHS Business Service Authority - NHSBSA)</small>	1.14	-	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) <small>(NHSBSA)</small>	13.0%	-	8.7%	Tending towards variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	4.57	-	5.60	Tending towards variation (positive)
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) <small>(NHSBSA)</small>	5.75	-	2.13	Variation (negative)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	No
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.	No
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	No
The practice had a process and clear audit trail for the management of information about	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p data-bbox="57 1077 807 1115">Explanation of any answers and additional evidence:</p> <p data-bbox="57 1133 1490 1238">Staff did not have the appropriate authorisations to administer medicines under a Patient Specific Direction (PSD). PSDs were pre-populated and not signed off by a clinician prior to a medicine being administered.</p> <p data-bbox="57 1296 1525 1552">The practice ran a drug clinic and patients were seen by a drug counsellor. Following the inspection, the practice provided us with the protocols for the drug clinic. These stated that the GP took overall responsibility for patients and they should be seen by the GP face to face every 12 weeks for review. We did not see any evidence that these protocols were being followed. We did not see evidence of the GP making an entry in the notes of patients attending the drug clinic. We asked the GP about their supervision of the drug counsellor and they told us it was an experienced drug counsellor but did not confirm they supervised them.</p> <p data-bbox="57 1610 1509 1680">The emergency medicines kept by the practice were suitable, but the practice did not keep any water solution, required for use with some injections, at the Shaw branch surgery.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Partial
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Seven
Number of events that required action:	Seven
Explanation of any answers and additional evidence: We saw that a patient had requested a second opinion following a consultation with a GP at the practice. A different GP at the practice examined them and made an urgent two week wait referral due to suspected cancer. This had not been discussed between the clinicians and a significant event had not been raised. Following the inspection, the practice told us they had now discussed this but a significant event was not appropriate as the diagnosis had been made and it had not been cancer. They also told us they had already planned to discuss it at their next practice meeting.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
September 2018. Blood tests sent off with incorrect patient details.	Apology issued. The laboratory was informed. The patient was contacted, and another appointment given so blood could be taken in correct name. The clinic was reviewed to ensure there was adequate time for each patient. Staff were reminded not to interrupt clinics. This was reviewed, and no further errors had occurred.
September 2018. Incorrect vaccination given on home visit.	It was realised soon after the vaccination had been given. Apology given, and correct vaccination arranged. No harm to patient. Reviewed by clinical team, discussed in meeting and reviewed to ensure it had not been repeated.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	

The practice pharmacist was responsible for dealing with patient safety alerts, but there was no system in place to check these had been actioned. Following the inspection the practice informed us that the practice manager also dealt with safety alerts and they had an alert policy in place.

Effective

Rating: Requires improvement

Effective needs assessment, care and treatment

Patients’ needs were not always assessed, and care and treatment was not always 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.	Partial
Patients’ immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients’ treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients’ needs were addressed.	No
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Partial
Explanation of any answers and additional evidence: We found that a patient had not been referred for an urgent appointment when skin cancer was a possibility. This was picked up when the patient asked for a second opinion by another GP at the practice. Following the inspection the practice told us skin cancer had not been diagnosed. There was a standing agenda item for NICE updates on the clinical meeting but when we looked at the minutes there was no mention of what updates were discussed.	

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>	2.25	-	-	Variation (negative)
Explanation of any answers and additional evidence:				

Prescribing	Practice performance	CCG average	England average	England comparison
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When asked, the GP was unable to give us a recent figure for this indicator for 2018-19.

Older people

Population group rating: Requires improvement

Findings

Although we saw good practice in this area of the domain, the domain was rated as requires improvement overall. This impacted on all population groups.

- 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.

People with long-term conditions

Population group rating: Requires improvement

Findings

Although we saw good practice in this area of the domain, the domain was rated as requires improvement overall. This impacted on all population groups.

- GP's told us that the below average figures for diabetes was due to them not having a practice nurse for a time.
- 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.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

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>	67.6%	-	78.8%	Tending towards variation (negative)
Exception rate (number of exceptions).	7.4% (25)	7.1%	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>	61.8%	-	77.7%	Variation (negative)
Exception rate (number of exceptions).	6.8% (23)	5.9%	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>	64.7%	-	80.1%	Variation (negative)
Exception rate (number of exceptions).	8.3% (28)	9.2%	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>	72.0%	-	76.0%	No statistical variation
Exception rate (number of exceptions).	19.9% (65)	3.7%	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	83.8%	-	89.7%	No statistical variation

the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QoF)</small>				
Exception rate (number of exceptions).	13.3% (17)	6.9%	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)	76.8%	-	82.6%	No statistical variation
Exception rate (number of exceptions).	10.6% (98)	3.3%	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)	93.3%	-	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	4.1%	6.7%	N/A
<p>Explanation of any answers and additional evidence:</p> <p>The practice told us their low QOF scores were due to a lack of practice nurse capacity.</p> <p>The practice was unable to provide us with any explanation regarding the high exception reporting for some of the QOF indicators.</p>				

Families, children and young people

Population group rating: Requires improvement

Findings

Although we saw good practice in this area of the domain, the domain was rated as requires improvement overall. This impacted on all population groups.

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	60	60	100.0%	Met 95% WHO based target (significant variation positive)
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)	61	65	93.8%	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)	61	65	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)	60	65	92.3%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

Although we saw good practice in this area of the domain, the domain was rated as requires improvement overall. This impacted on all population groups.

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	69.7%	-	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)	70.3%	-	-	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)	61.2%	-	-	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)	58.8%	-	-	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)	47.8%	-	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

Although we saw good practice in this area of the domain, the domain was rated as requires improvement overall. This impacted on all population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which considered 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 demonstrated that they had a system to identify people who misused substances.

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

Population group rating: Requires improvement

Findings

Although we saw good practice in this area of the domain, the domain was rated as requires improvement overall. This impacted on all population groups.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

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)	88.9%	-	89.5%	No statistical variation
Exception rate (number of exceptions).	11.8% (6)	9.1%	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)	92.0%	-	90.0%	No statistical variation
Exception rate (number of exceptions).	2.0% (1)	6.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	72.9%	-	83.0%	No statistical variation
Exception rate (number of exceptions).	1.7% (1)	4.8%	6.6%	N/A

Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	476.5	-	537.5
Overall QOF exception reporting (all domains)	4.5%	-	-
Explanation of any answers and additional evidence: The practice provided us with an unverified QOF score of 525 which showed improvements had been made since the previous year of 2017-2018			

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	No
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	No

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

Although we saw evidence that medicine audits were carried out by the CCG pharmacist, GPs were unable to provide evidence of carrying out any clinical audits themselves. The practice was unable to demonstrate improvements made from clinical audits.
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Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	NA pre 2015
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

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)	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

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>	96.1%	-	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (8)	0.4%	0.8%	N/A

Consent to care and treatment

The practice was unable to demonstrate that it 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.	No
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	No
Explanation of any answers and additional evidence: Consent for certain procedures was not obtained correctly and in line with national guidelines. Patients were given consent forms, but these were not signed. Patients signed a notebook, but this did not state what the signature related to. Consent was not recorded in the clinical system. .	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	35
Number of CQC comments received which were positive about the service.	29
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comments cards	Comment cards stated that patients found staff to be caring, with them going above and beyond their duties. Although patients said GPs listened to them one patient said this was not the case.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6073	346	122	35.3%	2.01%

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)	79.5%	-	89.0%	Tending towards 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)	78.5%	-	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)	91.8%	-	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)	79.9%	-	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

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)	82.5%	-	93.5%	Variation (negative)

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

Carers	Narrative
Percentage and number of carers identified.	The practice informed us that they had identified 195 carers. We queried this figure and the practice then informed us this was incorrect and they were unable to give us an accurate figure.
How the practice supported carers.	The practice told us that flu vaccines were offered to carers. Information was available for carers on the patient noticeboard.

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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Requires improvement

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.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes

Practice Opening Times Royton

Day	Time
Opening times:	
Monday	8am – 8pm
Tuesday	8am – 8pm
Wednesday	8am – 6.30pm
Thursday	8am – 8pm
Friday	8am – 6.30pm
Appointments available:	
9am – 8pm Monday and Thursday	
8am – 8pm Tuesday	
9am – 6.30pm Wednesday and Friday	

Practice Opening Times Shaw (branch surgery)

Day	Time
Opening times:	
Monday	9am – 4pm
Tuesday	9am – 12.30pm
Wednesday	9am – 12.30pm
Thursday	9am – 12.30pm
Friday	9am – 12.30pm
Appointments available:	
9am – 4pm Monday	
9am – 12.30pm Tuesday to Friday	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6073	346	122	35.3%	2.01%

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)	92.6%	-	94.8%	No statistical variation

Explanation of any answers and additional evidence:

We identified issues under the responsive domain that impacted on all population groups. We found that patients could not always access care and treatment in a timely way as home visit request were not prioritised based on the urgency of the need for treatment.

Older people

Population group rating: Requires improvement

Findings

Although we saw good practice in this area of the domain, the domain was rated as requires improvement overall. This impacted on all population groups.

- All patients had a named GP who supported them in whatever setting they lived.

People with long-term conditions

Population group rating: Requires improvement

Findings

Although we saw good practice in this area of the domain, the domain was rated as requires improvement overall. This impacted on all population groups.

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team 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 found there were systems lacking to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, siblings and parents of at-risk children were not read coded.
- The practice did not have arrangements for following up failed attendance of children's appointments following an appointment at the federation's extended hours hub. The practice was notified by letter if a child missed an appointment but did not act on this information. We were told the practice would only follow it up if the patient was over 16.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

Although we saw good practice in this area of the domain, the domain was rated as requires improvement overall. This impacted on all population groups.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on a Monday, Tuesday and Thursday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

Although we saw good practice in this area of the domain, the domain was rated as requires improvement overall. This impacted on all population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

Population group rating: Requires improvement

Findings

Although we saw good practice in this area of the domain, the domain was rated as requires improvement overall. This impacted on all population groups.

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	No
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	No
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The system for managing home visit requests was not consistent or failsafe. Reception staff told us that home visit requests were written onto a paper template, faxed to the branch surgery, then the template was distributed to a GP to carry out the visit. They said the home visit request was not entered onto their computer system. Following the home visit the GP gave the template, now containing their hand-written notes, to be input onto the computer system by members of the administration team. We looked at some records and saw examples where patient records did not indicate a visit had been requested or carried out, even though one had been completed. We found a backlog of templates waiting to be input onto the computer system from 21/03/2019. Staff told us this was not unusual due to their high workload.</p> <p>One GP told us their visit requests were input onto the computer system when they were requested, and we saw evidence that this happened in some instances.</p> <p>Staff told us they had raised this issue in staff meetings as they felt that on days when a lot of visits had been requested there was the potential for some not to be actioned. This was not documented in any meeting minutes. They thought the reason that the suggested system had not been adopted was that some GPs may not have the technical knowledge,</p> <p>On the CQC comments cards some patients stated they sometimes found appointments difficult to access.</p>	

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)	96.8%	N/A	70.3%	Significant Variation (positive)
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)	83.9%	-	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)	74.4%	-	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)	81.7%	-	74.4%	No statistical variation

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.	12
Number of complaints we examined.	12
Number of complaints we examined that were satisfactorily handled in a timely way.	11
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
One complaint we looked at did not contain all the information to determine if it was satisfactorily handled. The original complaint was not available, and neither was the response from the practice. Following the inspection the practice informed us this was an informal complaint that had been resolved immediately verbally, but it had been placed into the formal complaints file in error.	
Other complaints we looked at were handled satisfactorily.	

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Examples of learning from complaints.

Complaint	Specific action taken
22 February 2019. Complaint about GP attitude.	The complaint was made by email and acknowledged the same day. It was investigated and a response, including an explanation and apology was issued 15/03/2019. This contained all the required information. This was discussed in the clinical meeting 14/03/2019.
28 November 2018. Complaint about a series of consultations about a child prior to diagnosis. This was over a period of a few months where it was felt consultations were not effective.	The complaint was made in writing and acknowledged when it was received. It was investigated and a response, including an apology, was issued 19/12/2018. Discussed in meeting but no detail recorded.

Well-led

Rating: Inadequate

Leadership capacity and capability

Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	No
They had identified the actions necessary to address these challenges.	No
Staff reported that leaders were visible and approachable.	Partial
There was a leadership development programme, including a succession plan.	Partial
Explanation of any answers and additional evidence: Leaders were unable to demonstrate they understood the challenges as they had failed to identify the issues we found during the inspection. Systems were ineffective, which included the system for home visits, and the system for monitoring consent. Staff members did not always feel listened to, and suggestions that were made by staff were not always considered. Some staff members told us they felt supported by the practice manager but less supported by the partners. There was no formalised succession plan in place for the GPs.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Partial
There was a realistic strategy to achieve their priorities.	No
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	No
Progress against delivery of the strategy was monitored.	No
Explanation of any answers and additional evidence: The practice had a mission statement in place but was not providing high quality health care. We identified issues during the inspection which had left patients at risk of harm. Some staff told us that they had a high workload and did not think there were enough administrative staff to carry out their duties.	

Culture

The practice culture did not effectively support high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Partial
There was a strong emphasis on the safety and well-being of staff.	Partial
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff members we spoke with told us that the practice manager was approachable but found that some GPs were not approachable. One staff member told us about an improvement they suggested in a team meeting. This improvement was dismissed and there was no record of it being discussed in the team meeting minutes.</p>	

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

Source	Feedback
Staff interviews	<p>Staff told us they enjoyed working at the practice and felt supported by the practice manager.</p> <p>Some staff members also told us they felt the reception team was understaffed. This was demonstrated by the backlog of home visits that needed to be entered onto the clinical system.</p>

Governance arrangements

The overall governance arrangements had slightly improved since the previous inspection.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The governance arrangements had improved since the previous inspection and the practice had worked through the actions identified previously. However other concerns were now identified.</p>	

Policies were not kept in one consistent place. They could either be accessed in a folder or on the shared drive, but not all staff members had been shown how to access the shared drive.

We observed a staff member accessing the medical records of a family member to check their carer's status. When asked they told us they had verbal consent to access the records for a separate purpose some time ago, but this was not documented in any records

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.	No
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
A major incident plan was in place.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	No
Explanation of any answers and additional evidence:	
There were no systematic audit plans in place. The practice was able to show us medicine management audits carried out by the CCG pharmacist, but they were not involved in these audits. We saw no evidence of practice clinical audits taking place.	
The practice manager had worked with their team to make the improvements required following our previous inspection. These included implementing staff appraisals and monitoring staff training. However, the partners had failed to identify risk we identified during this inspection. These included considering the risk of prescriptions not collected by patients and if not receiving the medicine was causing harm to the patient.	
The practice ran a drug clinic and patients were seen by a drug counsellor. We did not see any evidence that the GP and drug worker consulted, or the drug worker had supervision from the GP. Following the inspection, the practice provided us with the protocols for the drug clinic. These stated that the GP took overall responsibility for patients and they should be seen by the GP face to face every 12 weeks for review. We did not see any evidence that these protocols were being followed. We asked the lead GP if they supervised the drug counsellor. Their response was that they were an experienced drug counsellor.	

Appropriate and accurate information

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

	Y/N/Partial
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Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	No
Our inspection indicated that information was accurate, valid, reliable and timely.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
Staff whose responsibilities included making statutory notifications understood what this entails.	No
<p>Explanation of any answers and additional evidence:</p> <p>The practice had not correctly registered the partnership with the CQC as one of the partners was still not registered, which was highlighted in the June 2018 report. We asked the practice about this and one of the GP partners was not aware that the registration was not correct,</p> <p>Not all staff had access to appropriate clinical information specifically relating to home visits, because appropriate clinical information was not always documented on patient records in a timely manner. Staff told us there was no way of knowing if a home visit had been completed as it was not documented on the clinical system.</p>	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners.

	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.	Partial
Explanation of any answers and additional evidence: The practice had recently held its first PPG meeting and had another meeting planned for June 2019. The practice informed us they had difficulty recruiting members. One staff member told us about a suggestion that they made during a team meeting to improve the home visit system. The suggestion was not implemented and there was no record of the suggestion being discussed in the team meeting minutes.	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial
Learning was shared effectively and used to make improvements.	No
Explanation of any answers and additional evidence: The practice had made some improvements since the last inspection, but improvements were still required. The practice did not have a clear plan in place for audits to improve the quality of care. Staff told us they did not feel on-line training was effective.	

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.