

Care Quality Commission

Inspection Evidence Table

Molla and Kesani (1-547609454)

Inspection date: 21 May 2019

Date of data download: 14 May 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 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	No
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	No
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).	Partial
There was active and appropriate engagement in local safeguarding processes.	No
There were systems to identify vulnerable patients on record.	Partial
There was a risk register of specific patients.	Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	No
Staff who acted as chaperones were trained for their role.	No
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	No
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>We identified a number of concerns in relation to safeguarding processes at the practice during our inspection, presenting a risk of harm to patients. We found a lack of staff training in this area. Although the safeguarding lead had been trained to level three, staff employed at the practice lacked safeguarding training. There was no oversight of safeguarding processes at the practice. We were told by the local Multi Agency Safeguarding Hub that the provider had failed to refer a safeguarding concern for a child. The safeguarding lead was not adequately trained to carry out this role.</p> <p>The safeguarding lead, who was the lead GP, did not have a full understanding of their responsibilities in relation to protecting vulnerable patients.</p> <p>Staff did not have the required DBS checks at the time of our inspection and staff were chaperoning without the required training.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
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>Staff working at the practice did not have the required Disclosure and Barring Service (DBS) checks in place. This applied to the nurses working at the practice and staff acting as chaperones. We asked the practice manager about this and we were told that they believed these checks to be transferable. Staff were working with vulnerable people without the required recruitment checks being in place.</p> <p>Following our inspection the provider took steps to obtain DBS checks for all staff working at the practice, however, these were not in place at the time of our inspection.</p> <p>We also found there to be staff without ID documents in place or references.</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: May 2018	Yes
There was a record of equipment calibration. Date of last calibration: 24/04/2019	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: November 2018	Yes
There was a log of fire drills. Date of last drill: 26/04/2019	Yes
There was a record of fire alarm checks. Date of last check: 16/05/2019	Yes
There was a record of fire training for staff. Date of last training:	No
There were fire marshals.	Partial
A fire risk assessment had been completed. Date of completion: 22/12/2017	Yes
Actions from fire risk assessment were identified and completed.	No
Explanation of any answers and additional evidence: We found that staff had not been trained in fire safety and that although there were allocated fire marshals at the practice, they had not been trained as required. We look at the fire risk assessment from 2017 and found that the actions had not been reviewed and that there were on-going actions still to be resolved.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 21/09/2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	No
Explanation of any answers and additional evidence: There was insufficient oversight in relation to health and safety. The practice manager had not been completing the necessary risk assessments and had not been ensuring actions from risk assessments which had been completed had been followed up and resolved.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Partial
Staff had received effective training on infection prevention and control.	No
Date of last infection prevention and control audit: 16/05/2019	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.	Yes
Explanation of any answers and additional evidence: The infection control policy we were shown had not been reviewed since November 2015. Although there was an infection control lead at the practice, they had not been adequately trained in the role and staff working at the practice lacked any infection control training. However, a recent infection control audit had been completed and we did not find any infection control concerns at the practice.	

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.	Partial
Comprehensive risk assessments were carried out for patients.	Yes
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.	No
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.	No
When there were changes to services or staff the practice assessed and monitored the impact on safety.	No
Explanation of any answers and additional evidence: There was no induction pack for locums who worked at the practice. We raised this with the practice manager who told us that this would be addressed. The practice used regular locums. We did see some induction records for staff working at the practice, although this was not consistent across the staff team	

as a whole.

Clinical and non-clinical staff we spoke with lacked the knowledge and training to identify and manage patients with severe infections including sepsis and we found a lack of staff training in relation to sepsis across the staff team as a whole. We raised this as an immediate risk with the provider.

Due to a lack of effective management oversight at the practice, risks and impact on safety were not always effectively monitored or assessed.

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.	Yes
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.	Partial
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Partial
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.	Partial
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.	Partial
Explanation of any answers and additional evidence: We found instances when clinical notes reflected that referrals had not been made appropriately. We found one example of a significant safeguarding concern which had not been shared with the relevant agencies. This had put the patient at risk. There were gaps in the processes for managing test results. Staff were not adequately trained to do this safely and lacked knowledge in terms of how results should be managed.	

Appropriate and safe use of medicines

The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	1.12	1.01	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) (NHSBSA)	8.4%	8.2%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) (NHSBSA)	5.60	6.18	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	2.54	2.19	2.13	No statistical variation

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

Medicines management	Y/N/Partial
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).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	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.	Yes
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>Explanation of any answers and additional evidence:</p> <p>Blank prescriptions were not logged to ensure their safety. We found that prescription pads used were not being adequately logged to be able to monitor their usage. Prescriptions were not always safely stored.</p>	

Track record on safety and lessons learned and improvements made

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	No
Staff knew how to identify and report concerns, safety incidents and near misses.	No
There was a system for recording and acting on significant events.	No
Staff understood how to raise concerns and report incidents both internally and externally.	No
There was evidence of learning and dissemination of information.	No
Number of events recorded in last 12 months:	3
Number of events that required action:	3
<p>Explanation of any answers and additional evidence:</p> <p>There was no effective system in place to ensure that all incidents and significant events which took place at the practice were recorded, reviewed and appropriately acted upon. Staff we spoke with were not always clear on what would constitute an incident or significant event and none of the staff we spoke with had recorded one. The practice manager informed us that events were shared if the person who had witnessed the event chose to do so.</p> <p>We were not confident that all concerns, safety incidents, near misses and significant events had been captured, recorded and acted upon. We found evidence of an incident which had taken place involving a patient being given an incorrect vaccine that had not been provided to us as a significant event and that there were 'near misses' which had not been captured and reported as such.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Young patient who is diagnosed with cancer	Investigations and referrals made.
Young male patient afraid to leave the practice due to youths outside who allegedly had knives.	Patient was escorted home by staff. No evidence that the Police were notified.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We found that MHRA and other safety alerts were not being safely dealt with and there was no effective process in place for identifying these and ensuring appropriate action was taken with issues arising from them. There were two safety alerts that the provider had not taken action on, presenting a risk to patient safety.</p> <p>Following our inspection the provider took steps to implement a system to ensure that safety alerts were effectively managed at the practice to ensure patient safety.</p>	

Effective

Rating: Inadequate

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.	No
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	No
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	No
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.	No

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHSBSA)	1.15	0.78	0.79	No statistical variation

Older people

Population group rating: Inadequate

Findings
<ul style="list-style-type: none"> Significant concerns with the quality of care and treatment at the practice impacted on all of the population groups which have been rated as inadequate. Not all staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. We found that end of life planning was in need of improvement. 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. Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Inadequate

Findings

- Significant concerns with the quality of care and treatment at the practice impacted on all of the population groups which have been rated as inadequate.
- Staff who were responsible for reviews of patients with long-term conditions did not all have the required training to do this safely.
- We found there to be high exception reporting in relation to patients with diabetes.
- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.

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>	84.3%	81.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	31.6% (91)	17.7%	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>	77.7%	78.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	11.1% (32)	11.4%	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>	80.3%	81.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	11.8% (34)	14.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.3%	76.3%	76.0%	No statistical variation
Exception rate (number of exceptions).	7.0% (14)	9.0%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.0%	91.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	11.3% (9)	13.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.2%	83.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.8% (16)	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) <small>(QOF)</small>	79.3%	92.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.5% (2)	4.8%	6.7%	N/A

Families, children and young people

Population group rating: Inadequate

Findings

- Significant concerns with the quality of care and treatment at the practice impacted on all of the population groups which have been rated as inadequate.
- 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.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	47	48	97.9%	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)	47	49	95.9%	Met 95% WHO based target (significant variation positive)
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)	47	49	95.9%	Met 95% WHO based target (significant variation positive)
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)	47	49	95.9%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

The immunisation data for the practice was positive and was an area in which the practice was performing well.

Working age people (including those recently retired and students)

Population group rating: Inadequate

Findings

- Significant concerns with the quality of care and treatment at the practice impacted on all of the population groups which have been rated as inadequate.
- Cancer screening rates were low and we could not find evidence that steps were being taken to address this.
- 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.

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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)	57.1%	72.5%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	66.7%	74.9%	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)	44.8%	56.6%	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%	69.4%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	55.0%	53.0%	51.9%	No statistical variation

Any additional evidence or comments

The practice cervical cancer screening rates were much lower than the national targets. The practice told us that this was due to the patient demographic and some cultural challenges and women being reluctant to be screened due to their religious or cultural beliefs. However, the practice needed to take further steps to work to improve these screening rates.

People whose circumstances make them vulnerable

Population group rating: Inadequate

Findings

- Significant concerns with the quality of care and treatment at the practice impacted on all of the population groups which have been rated as inadequate.
- End of life care was not always delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice did not hold a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

Population group rating: Inadequate

Findings

- Significant concerns with the quality of care and treatment at the practice impacted on all of the population groups which have been rated as inadequate.
- Staff at the practice had not been adequately trained in dementia care.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	94.6%	89.5%	Variation (positive)
Exception rate (number of exceptions).	30.4% (7)	17.7%	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)	94.1%	94.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	26.1% (6)	13.5%	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)	100.0%	85.1%	83.0%	Variation (positive)
Exception rate (number of exceptions).	11.1% (1)	9.0%	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)	555.0	548.4	537.5
Overall QOF exception reporting (all domains)	11.1%	6.7%	5.8%

	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

- The practice has improved its antibiotic prescribing data based on a number of audits it has run.
- There were a number of audits run in relation to minor surgery, referrals and Ventolin prescribing, however, we did not see evidence of how these audits had led to improvement activity within the practice.
- We did not see evidence of consistent quality improvement activity across the practice.

Effective staffing

The practice was unable 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.	No
The learning and development needs of staff were assessed.	No
The practice had a programme of learning and development.	No
Staff had protected time for learning and development.	Partial
There was an induction programme for new staff.	Partial
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	No
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.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	No
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	No
<p>Explanation of any answers and additional evidence:</p> <p>There was a lack of staff awareness and training in relation to recognising and managing possible signs of sepsis at the practice. This presented a risk of serious harm to patients.</p> <p>There was a lack of Basic Life Support training at the practice. Staff employed at the practice who we spoke with during the inspection had not received training in this area and training records we reviewed confirmed this. We were told that the lead GP was unable to deliver basic life support due to his physical capabilities. This posed a risk to patients.</p> <p>There was a lack of staff training across the staff team. Staff lacked any training in relation to infection control, and although there was an infection control lead at the practice, this staff member had not been trained in order to do this effectively.</p> <p>Staff we spoke with told us that they felt they would benefit from some planned and structured training and none of the staff we spoke with were able to tell us about any recent training they had received at the practice.</p> <p>We asked the practice manager to show us training records for the staff team. These records indicated that staff lacked the support and training they need to deliver safe and effective care and treatment to patients.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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.	No
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	No
Patients received consistent, coordinated, person-centred care when they moved between services.	No
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	No

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.	No
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	No
Staff discussed changes to care or treatment with patients and their carers as necessary.	No
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	No

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)	92.0%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (7)	0.7%	0.8%	N/A

Consent to care and treatment

The practice did not 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.	No
The practice monitored the process for seeking consent appropriately.	No
Explanation of any answers and additional evidence: There was a lack of understanding of the requirements of the Mental Capacity Act 2005 in relation to assessing mental capacity when appropriate. This lack of understanding applied both to the provider and the staff working at the practice. Staff had not been adequately trained in this area of care. We found that consent was sought for treatment when required but there were not clear policies and procedures in place for staff to follow when patients may have lacked the capacity to consent to care and treatment.	

Caring

Rating: Requires Improvement

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	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.	34
Number of CQC comments received which were positive about the service.	28
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	3

Source	Feedback
Comments cards	Comments from patients recorded on comments cards were predominantly positive. There was some mixed feedback around getting an appointment and some negative feedback which was also centred around the availability of appointments. Patients were generally positive about the GP's and nurses who worked at the practice.
NHS Choices	There is one piece of feedback which describes the Doctors treating patients with respect and refers to the difficulties in getting an appointment.

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
4369	371	105	28.3%	2.40%

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)	79.7%	87.9%	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)	78.9%	86.0%	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)	91.0%	95.0%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	75.0%	82.4%	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.	Partial
Staff helped patients and their carers find further information and access community and advocacy services.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We identified issues with language barriers at the practice which were not being safely and appropriately managed to ensure all patients understood and were able to communicate fully with health professionals at the practice.</p> <p>Improvement was needed in signposting patients to community and advocacy services. We saw little evidence that this was being done at the time of our inspection.</p>	

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)	83.2%	92.0%	93.5%	Tending towards variation (negative)

Any additional evidence or comments
The practice was not able to show us evidence of how they were working to improve the data above as they had not carried out any quality monitoring of their own. The last practice survey was carried out for 2016 – 2017.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Partial
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Partial
Information leaflets were available in other languages and in easy read format.	Partial
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Improvement was needed in terms of how the practice ensured patients had access to translation services. The practice had, at times, been relying on friends and families of patients and there was a lack of suitable system in place to ensure that patients had appropriate access to translation services as and when needed. The provider was addressing this following our inspection.</p>	

Carers	Narrative
Percentage and number of carers identified.	80 which equates to 1.8%
How the practice supported carers.	Flu vaccines were offered to carers as well as 30 minute appointments. The practice signposted carers to community services for support.

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: Inadequate

Responding to and meeting people's needs

Services did not always 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.	No
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: Safeguarding concerns for vulnerable adults and children were not being monitored and acted upon. We found that staff lacked understanding in this area and raised our concerns with commissioners following the inspection. A full safeguarding review was undertaken following our inspection to ensure vulnerable patients were being treated safely.	

Practice Opening Times		
Day	Time	
Opening times:		
Monday	8.30am – 6.30pm	
Tuesday	8.30am – 8pm	
Wednesday	8.30am – 8pm	
Thursday	8.30am – 6.30pm	
Friday	8.30am – 6.30pm	
Appointments available:		
Monday	8am – 12.30pm	4pm – 6.30pm
Tuesday	9am – 12.30pm	4pm – 7pm
Wednesday	9am – 12.30pm	4pm – 7pm
Thursday	8am – 12.30pm	4pm – 6.30pm
Friday	8am – 12.30pm	4pm – 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4369	371	105	28.3%	2.40%

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)	92.8%	93.7%	94.8%	No statistical variation

Older people

Population group rating: Inadequate

Findings

- 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.

People with long-term conditions

Population group rating: Inadequate

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- 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: Inadequate

Findings

- Additional nurse appointments were available until 7pm on a Tuesday and Wednesday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Inadequate

Findings

- 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 Tuesday and Wednesday.

People whose circumstances make them vulnerable

Population group rating: Inadequate

Findings

- We were not confident that vulnerable patients were being identified and treated as such at the practice.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

Population group rating: Inadequate

Findings

- Staff lacked a good understanding of how to support patients with mental health needs and those patients living with dementia. This was due to a lack of training within the practice.
- The practice needed to improve how it signposted patients to support groups within the local area.

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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

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)	46.1%	N/A	70.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	49.5%	67.8%	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)	61.1%	64.4%	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)	61.5%	74.5%	74.4%	No statistical variation

Any additional evidence or comments

There were issues with access to appointments at the practice due to the availability of appointment slots and the number of GP's working at the practice. Patients were unable to access appointments between 12.30pm and 4pm every day and staff we spoke with told us that they received a lot of feedback and complaints from patients about the availability of appointments. We did not see evidence that these complaints were being recorded at the practice.

Although staff were able to offer telephone appointments, this was not resolving the lack of availability to appointments at the practice.

We saw little evidence of how the practice was working to address this.

Listening and learning from concerns and complaints

Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	0
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	No
There was evidence that complaints were used to drive continuous improvement.	No
<p>Explanation of any answers and additional evidence:</p> <p>We were told that no complaints had been received from 2018 – 2019. We were shown two complaints from 2017 which appeared to have been responded to appropriately, however, we were not assured that patients were clear on how to complain or that complaints were being fully captured at the practice.</p>	

Examples of learning from complaints.

Complaint	Specific action taken
Patient complaint about late completion of a report.	GP workflows to be assessed.
<p>Complaint about an appointment.</p> <p>Patient was asked by a doctor to make an appointment, called the reception and was told that an appointment was made at a certain date and time. When patient arrived the appointment was not on the system. The patient was 'squeezed in' at the end of the surgery and seen. This caused inconvenience as a child carer was involved.</p>	Appointment booking process reviewed.

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.	No
There was a leadership development programme, including a succession plan.	No
Explanation of any answers and additional evidence: There was ineffective leadership and governance at the practice. There was no evidence of clinical oversight nor was there evidence of management oversight across the practice as a whole. We found a number of gaps in staff training as part of our inspection. We also identified staff who had not been safely recruited. Improvements were also needed in how MHRA alerts were processed and shared within the practice and how safeguarding concerns were being managed. The areas of risk identified during our inspection had not been adequately assessed or identified by the monitoring systems or processes at the practice prior to our inspection. We therefore found that there was not effective monitoring systems or processes in place at the practice to ensure compliance with the regulations and the safety of staff and patients.	

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.	No
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.	No
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: There was no clear vision and set of values in place at the practice. Staff we spoke with did not feel that they were clear on the direction of the practice and felt that the practice needed improvement in the way it was managed and led. There was no strategy for improvement in place and no-one within the practice had an understanding of where the risks were.	

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.	No
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
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.	No
Explanation of any answers and additional evidence: As the vision and values were not clear at the practice, staff were unsure about what these were and how to meet them. Staff did feel that they could raise concerns, however, staff did not always feel supported by the provider or manager at the practice and felt that the leadership needed to be improved upon. The practice needed to improve how it captured and dealt with incidents and complaints in order to respond to these in line with the duty of candour.	

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

Source	Feedback
Staff feedback	Staff felt that they supported one another well and worked well as a staff team. However, staff felt that they lacked the training required to do their jobs well and felt they could be better supported in their roles. Staff described their roles as busy but manageable.

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	No
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	No
Explanation of any answers and additional evidence: There was a lack of management oversight at the practice which was contributing to a failure to meet the regulations. Risks and issues we identified during our inspection had not been picked up and there was no clear operational management across the practice as a whole. Staff were clear on their own roles and responsibilities, however, staff lacked the training to carry out their roles effectively and this had not been identified or addressed as a risk prior to our inspection.	

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.	No
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
Staff were trained in preparation for major incidents.	No
When considering service developments or changes, the impact on quality and sustainability was assessed.	No
Explanation of any answers and additional evidence: There was no evidence that there were assurance systems in place which were regularly reviewed. This was the result of no management oversight across the practice as a whole. Risks we identified during our inspection had not been identified or addressed prior to our inspection.	

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.	No
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
Explanation of any answers and additional evidence: Although the practice provided us with information prior to the inspection, it became clear throughout the course of the inspection that the risks we encountered had not been clearly mitigated prior to our visit. The practice needed to review the audit and governance arrangements in place so that all of the areas of risk were identified and acted upon. The practice was failing to monitor and address performance data. The practice was not clear on when they needed to make statutory notifications.	

Engagement with patients, the public, staff and external partners

The practice did not always involve 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.	Partial
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Partial
Explanation of any answers and additional evidence: We saw no evidence of how the practice used patient feedback to improve the service. There was no active Patient Participation Group at the practice in order to obtain patient feedback on an on-going basis. Staff felt they could raise their issues and ideas, however, this was not always acted upon due to the lack of leadership and governance at the practice.	

Feedback from Patient Participation Group.

Feedback
There was no active Patient Participation Group in place at the practice.

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.	No
Learning was shared effectively and used to make improvements.	No
Explanation of any answers and additional evidence: Significant improvement was required at the practice and this was mainly due to the lack of leadership. Although some learning had come out of incidents and events at the practice, there had not been sufficient learning and risk assessing in place to ensure patient and staff safety.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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