

Care Quality Commission

Inspection Evidence Table

Welland Medical Practice (1-542283575)

Inspection date: **25 June 2019**

Date of data download: 28 May 2019

Overall rating: add overall rating here

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

Safe

Rating: Requires improvement

At our previous inspection published January 2019 we rated the practice as **inadequate** for providing safe services because the provider had not ensured care and treatment was provided in a safe way to patients. We found:

- The practice failed to evidence they had recruited staff safely.
- The practice did not provide evidence to demonstrate they had an effective induction system in place for new staff members. The provider had not ensured all staff had been appropriately trained to undertake the clinical tasks delegated to them.
- The practice had not ensured patient specific directions were signed prior to the healthcare assistant administering injections.
- GPs did not regularly attend safeguarding or multidisciplinary meetings that were held to discuss their patients. Minutes of the meetings were circulated to the GPs after the meeting for information.
- The practice was up to date on the summarising of medical records, but they did not have a system in place to ensure they monitored the quality of the coding made by non-clinical staff or a system in place to monitor any delays in referrals and mitigate any risks.
- The practice had not implemented effective systems to ensure appropriate and safe handling of medicines or emergency medicines.
- The practice systems and processes to ensure all actions identified from significant events were actioned and monitored needed to be improved. There was no clear evidence to demonstrate identified learning was shared with the whole practice team.
- The practice had not undertaken regular water sample tests and could not provide evidence to demonstrate they regularly undertook water temperature tests to monitor and manage the risk of Legionella.

At this inspection we have rated the provider as **requires improvement** for providing safe services because:

- Some improvements had been made, for example to the management of emergency medicines and the practice had undertaken regular checks on health and safety issues. However, we found that some further improvements, implementation and embedding of new systems were still required as:
- Not all safety alerts were acted upon and monitored.
- Further improvements were needed to the recruitment procedures to ensure only fit and proper persons are employed. Not all the specified information was available regarding each person employed.
- Staff induction records did not contain sufficient details to give assurance that staff had been assessed as competent to undertake their role and responsibility.
- On the day of the inspection the practice was not able to evidence that all staff had received appropriate safeguarding training.
- The system used to monitor repeat medicines was consistent and recorded to allow easy monitoring.

Safety systems and processes

The practice had 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.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	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).	Partial ¹
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.	Yes
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, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes ²
Explanation of any answers and additional evidence:	
1. We found the practice had implemented a detailed training matrix to ensure all staff were appropriately trained. We saw evidence that most staff had completed the appropriate level of	

Safeguarding	Y/N/Partial
<p>safeguarding training for both children and adults. However due to the delay in transfer of the online training accounts from their previous employer two new members of staff had not given evidence of their training to the practice for recording. The practice manager informed us that they would ensure this was obtained immediately or the staff would be allocated to undertake the training again. We saw evidence of emails sent to staff to remind them of the need to complete their training. Protected time was given to staff for this. Following the inspection, the practice had introduced a new policy for any new staff to undertake all their mandatory training within the first week of their employment at the practice.</p> <p>2. At our previous inspection we found meetings for safeguarding and with the health visitor and other multidisciplinary teams took place at another practice (the same provider) close to Welland Medical Practice. However, the GPs responsible for the patients at Welland Medical Practice did not regularly attend these meetings. At this inspection we found the practice had improved this; there was regular attendance at the meetings by GPs and detailed records were kept.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial ¹
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>1. At our previous inspection we found the practice was unable to show clear evidence that they had recruited all staff safely. Not all staff had received DBS checks or had a risk assessment undertaken. We found inconsistency in recruitment files such as not all staff had received two references, or had received an appropriate, documented formal induction. On this inspection we found the presentation and the content of the files to be more organised and detailed. However, we found this needed further improvement to ensure all evidence was detailed and clear. For example, we found not all files contained all the information required such as records of references and interview summaries.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: April 2018</p>	Yes
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: April 2018</p>	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks.	Yes

Date of last check: 27 November 2018	
There was a log of fire drills. Date of last drill: 21 June 2019	Yes
There was a record of fire alarm checks. Date of last check: 27 November 2018	Yes
There was a record of fire training for staff. Date of last training: on line training for staff, dates varied.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: August 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: August 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: August 2018	Yes ¹
Explanation of any answers and additional evidence: 1. We saw evidence of risk assessments undertaken. Actions from this were completed; for example, loose covering on the stairs was repaired. In addition, they had increased the awareness of the narrow stair trend by using safety tape used to highlight the area. The practice manager told us they did regular checks throughout the building to ensure it was clean and clutter free.	

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: October 2018	Yes ¹
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: 1. From the infection prevention and control audit, actions had been identified and completed where possible, and further reviewed in February 2019. Some actions had not been completed as these were to be addressed with the move to the new premises. A risk assessment had mitigated the risks and staff managed the issues as required.	

Risks to patients

There were 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 ¹
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.	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.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
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
<p>Explanation of any answers and additional evidence:</p> <p>1. At our previous inspection we found there was no clear evidence that staff received an appropriate formal induction programme. There was no evidence to show that staff had been assessed as competent to undertake the role they had been employed to do. At this inspection we found this had improved as they had introduced a tick list of tasks but there was insufficient detail to be assured that the management team had clear oversight that staff were deemed competent to undertake the tasks delegated to them. We found no evidence that staff were not competent.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	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.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes ¹

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.	Yes
Explanation of any answers and additional evidence: 1. We saw evidence that where a two-week referral had been delayed, this had been raised as a significant event and the learning had been shared with the team. The practice ensured extra safety netting; for example, by the GP sending themselves a reminder and ensuring the patient was informed to contact the practice if they did not receive an appointment within the two weeks.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation but some of these needed further improvements.

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) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	1.09	0.94	0.88	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). (01/04/2018 to 31/03/2019) (NHSBSA)	8.8%	11.3%	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 (01/10/2018 to 31/03/2019) (NHSBSA)	4.69	5.86	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	1.84	2.08	2.07	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.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes ¹
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.	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.	Partial ²
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 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 ³
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> <ol style="list-style-type: none"> 1. At our last inspection we found the practice had failed to ensure that a Patient Specific Direction was signed prior to the immunisation being given. This is a national requirement. The staff member had not received appropriate training to undertake this delegated work. At this inspection we found there were no members of staff giving vaccinations that required a PSD. We noted the practice had an appropriate PSD policy and templates available should they need them in the future. 2. The practice had a process for ensuring patients' repeat medicines were reviewed. We did not find evidence to suggest patients had not been reviewed, however the detail of the documentation and coding of the records did not ensure it was easily monitored. The lack of correct coding meant electronic searches could not be performed to find those patients who had not been reviewed. 3. The practice performance for prescribing of antibiotics had improved. We saw data that showed the practice had reduced their prescribing and from being in the top 10% of high prescribers, they were 	

Medicines management	Y/N/Partial
now in the lower 20% of prescribers within the CCG.	

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.	Yes
There was a system for recording and acting on significant events.	Partial ¹
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 since our last inspection:	Four
Number of events that required action:	Four
Explanation of any answers and additional evidence: 1. At our previous inspection we found staff were aware of how to raise events, the practice recorded them, and the management team discussed them. However, they did not always carry out the actions agreed. At this inspection we found the practice had improved the system and process and minutes from meetings detailed the learning shared. Staff we spoke with confirmed they attended the meetings or had access to the minutes. We found not all events discussed at the meetings had been recorded on to the significant event log to ensure improvements were monitored in the future.	

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

Event	Specific action taken
Patient contacted the practice as they had not received their appointment for a two-week referral	The practice ensured the patient received an early appointment. The staff concerned were informed and safety net measures were put into place. For example, reminder for GPs to send the task to the secretaries and to ensure they informed the patient to contact the practice if they had not received their appointment within two weeks.
Patient felt unwell after blood test	Discussion with staff to ensure patient feeling well before leaving the consultation room and if appropriate advice the patient to wait a further few minutes in the waiting room.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial ¹
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: 1. We found the system to manage safety alerts was inconsistent and did not give assurance that all	

alerts were being received and acted upon. We found evidence that the practice had acted on some alerts, completed searches and reviewed patients. We saw the practice had undertaken some audits on older alerts, for example for patients taking a high-risk medicine and the risk in pregnancy. However, we found the practice had not acted on an alert for patients taking a medicine to manage some thyroid conditions. We found two patients who required review. The practice took immediate action to address this. The practice told us they had employed a pharmacist who was due to start working in the practice as soon as the DBS check had been completed. The practice told us they would ensure the pharmacist implements a robust system to monitor and respond to safety alerts more consistently and effectively.

Effective

Rating: Good

At our previous inspection published January 2019 we rated the practice and the population groups of people with long term conditions, working age people (including those recently retired and students) and people whose circumstances make them vulnerable as **inadequate** for providing effective services. We rated the population groups for older people and families, children and young people as **requires improvement** for providing effective services. This was because:

- The practice did not ensure there were systems and processes in place to ensure there was effective staffing and monitoring of quality and performance needed to ensure patients received appropriate and timely follow up.
- These failings affected all patients in all population groups.
- We rated the population group of those experiencing poor mental health as good for providing effective services.

At this inspection we have rated the practice as **good** overall for the population groups except for patients whose circumstances make them vulnerable. We have rated the practice as **requires improvement** for the population group people whose circumstances make them vulnerable because:

- Although the practice had improved the number of annual reviews undertaken for this group of patients since our last inspection only 42% of patients with a learning disability had received a comprehensive annual review. The practice had sent invites to other patients and were encouraging uptake of these appointments.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
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.	Partial ¹
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence:	

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) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	1.69	0.82	0.77	Tending towards variation (negative)

- Since our previous inspection the data available to us showed a further decline in the practice's performance in relation to the prescribing of hypnotics. During our inspection we discussed this with the lead GP who told us that they had discussed this at clinical meetings and were acting to improve this. Audits and reviews of all patients had been undertaken. They had employed a pharmacist who would once their DBS check had been completed include this work in their regular audit programme.

Older people

Population group rating: good

Findings

- The practice performance in relation to the prescribing of hypnotics was higher than the CCG and national averages, the practice had acted after our last inspection, but the data was yet to show any positive impact.
- The practice performance for prescribing of antibiotics had improved. We saw data that showed the practice had reduced their prescribing and from being in the top 10% of high prescribers they were now in the lower 20% of prescribers within the CCG.
- The practice had improved their management of their palliative care register and the engagement and discussion with the multi-disciplinary teams. GPs attended the meetings and details were recorded appropriately.
- The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being severely frail had a clinical review including a review of medication and a review of any falls.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs. The practice referred to a local rapid response team to reduce the number of unplanned admissions.

People with long-term conditions

Population group rating: good

Findings

- Some patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. The practice did not have any employed practice nurses who were trained in the management of long-term conditions. A diabetes technician commissioned by the CCG attended the practice to undertake physical checks with the patients. Medicines were reviewed by the GPs.
- The practice booked appointments at the nearby GP extended hours hub where patients could be seen for routine problems and follow ups.
- The practice's shared their unverified QOF performance data for 2018/2019 which showed the practice had improved. Performance on quality indicators for long term conditions was mixed when compared with local and national averages.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.2%	80.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	18.7% (56)	15.7%	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>	68.1%	74.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	14.0% (42)	11.9%	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>	74.8%	79.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	11.0% (33)	15.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	75.3%	76.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.6% (11)	7.9%	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>	90.5%	90.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.5% (3)	13.6%	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)	84.8%	82.2%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.1% (20)	4.7%	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)	100.0%	90.8%	90.0%	Variation (positive)
Exception rate (number of exceptions).	5.6% (1)	7.6%	6.7%	N/A

Any additional evidence or comments

The practice shared their QOF data for 2018/2019 which showed the overall performance:

- For indicators relating to diabetes; 88% with exception reporting of 9%
- For indicators relating to asthma; 100% with exception reporting of 2%
- For indicators relating to COPD; 100% with exception of 13%
- For indicators relating to hypertension; 100% with exception reporting of 3%
- For indicators relating to atrial fibrillation; 100% with exception reporting of 6%

Families, children and young people

Population group rating: good

Findings

- The practice GPs attended safeguarding meetings that were held at a nearby practice. The community health visitor attended these meetings, discussions and actions were recorded appropriately.
- Childhood immunisation uptake rates were above the target percentage of 90%. The practice contacted any patient who was not part of the immunisation scheme to find out why and provide education if required.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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	64	66	97.0%	Met 95% WHO based target (significant variation positive)

DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	79	83	95.2%	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)	79	83	95.2%	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)	79	83	95.2%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: good

Findings

- The practice's uptake for cervical screening was 76%, which was below the 80% coverage target for the national screening programme and was above the local average of 71% and national average of 72%.
- Since our last inspection the practice had been more proactive in offering NHS health checks to patients. Invitation had been sent to patients, and from posters in the waiting room patients had booked appointments.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Routine appointments were available at the local GP hub provided by the local federation.

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)	76.1%	70.9%	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)	63.4%	73.4%	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)	39.4%	56.9%	54.5%	N/A

The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) ^(PHE)	83.3%	63.0%	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)	55.6%	60.6%	51.9%	No statistical variation

Any additional evidence or comments

The practice was aware of the lower bowel screening scores and the new practice nurses in post were discussing ways to improve this and encourage uptake of the national programme.

People whose circumstances make them vulnerable

Population group rating: requires improvement

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice liaised with the local palliative care team to discuss patients at the end of life.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability
- Only 42% of patients with a learning disability had received a comprehensive annual review. The practice had sent invites to other patients and were encouraging uptake of these appointments.

People experiencing poor mental health (including people with dementia)

Population group rating: good

Findings

- The practice assessed and monitored the physical health of people with mental illness, 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)	96.3%	91.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	3.6% (1)	13.1%	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)	92.6%	89.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.6% (1)	11.7%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.7%	85.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.6%	6.6%	N/A

Any additional evidence or comments

The practice shared their unverified QOF data for 2018/2019 which showed the practice performance in relation to the indicators for mental health was 100% and the practice exception reporting was 12%.

The practice performance in relation to the dementia indicators was 100% and the exception reporting rate was 4%.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544.1	543.0	537.5
Overall QOF exception reporting (all domains)	7.5%	6.5%	5.8%

Any additional evidence or comments

The practice shared their unverified data for the QOF 2018/2019 which showed their overall achievement was 96%. The practice had demonstrated their exception reporting had reduced and was managed by the clinical team.

Y/N/Partial

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

Examples of improvements demonstrated because of clinical audits or other improvement activity since our last inspection.

The practice had completed an audit of patients taking sedatives and hypnotics. The first cycle was undertaken on 1 January to 6 February 2019 and the second cycle was undertaken 1 May 2019 to 6 June 2019. The audit results ensured all patients had been reviewed with some patients no longer taking the medicine, some patients on reduced dose and others had been advised of the nature and the risks of the medicines. The practice had programmed this audit to be re-run in 12 months.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	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.	Yes
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.	No ¹
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: 1. Staff induction records lacked full detail to record how staff had been assessed and signed off as competent to undertake their role and responsibility.	

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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other 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) (QOF)	95.9%	95.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.2% (9)	0.9%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Requires improvement

At our previous inspection published January 2019 we rated the practice as requires improvement for providing caring services because

Generally, feedback from patients showed that staff did not always treat patients with kindness, respect and compassion. There is insufficient evidence to show the practice has made necessary improvements within the practice to improve patient satisfaction. Therefore, caring is still rated as 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.	Nine
Number of CQC comments received which were positive about the service.	Nine
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
NHS Choices	Since our previous inspection one review had been posted on NHS choices. This review gave the practice a five-star rating stating they attended the practice regularly, have continuity of care and that staff were friendly and courteous.

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
3772	414	97	23.42%	2.57%

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)	87.0%	90.5%	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)	87.5%	89.1%	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)	97.0%	96.3%	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)	72.2%	85.6%	83.8%	No statistical variation

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

Any additional evidence
The practice had started the process to collect their own feedback from patients by using the family and friends test questionnaires. Of the 35 surveys returned, 29 reported they would recommend the practice to their family and friends.

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

Source	Feedback
Interviews with patients.	Patients we spoke with were positive about the care and treatment they had received from staff.

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)	92.9%	94.6%	93.5%	No statistical variation

	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 had identified 17 patients as carers, less than 1% of the practice population and lower than in our last report. The practice computer records had been reviewed to ensure correct coding. Staff told us they asked patients at registration if they were a carer and opportunistically during consultations.
How the practice supported carers.	The practice had access and made available to patients' information about local support agencies and carers group. Practice staff told us they knew the patients well and were always able to support them. Following the inspection, the practice told us they had updated their registration form to ensure carers and veterans were able to identify themselves.
How the practice supported recently bereaved patients.	The practice offered support to bereaved patients and arrange consultations and home visits as appropriate at times convenient to the patient.

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 ¹
<p>Explanation of any answers and additional evidence:</p> <p>The practice was restricted by the space available to ensure confidentiality, we saw that staff took care when discussing anything with patients. The practice told us this would be improved when they were located into their new premises.</p>	

Responsive

Rating: Inadequate

At our previous inspection published in January 2019 we rated the practice as **inadequate** for providing responsive services because:

- Data from the 2018 GP patient Survey showed that patients' satisfaction with access to the practice was low. Comments on NHS choices and on the comment cards we received reported negative experiences. The practice complaints procedures needed to be improved.
- These findings effected all patients in all the population groups.

At this inspection we have rated the practice as **inadequate** because:

- The most available data for the practice is the same data as used in our previous report and showed patient's satisfaction. We have noted that the practice had received a five star positive comment on NHS choices and positive comments from their family and friends survey. The practice had not received any written complaints since our last inspection but demonstrated they had the system and process in place to ensure complaints were managed effectively.
- These findings effect all patients in all the population groups.

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.	Partial ¹
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.	Partial ²
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. The practice recognised the challenges to fully meet the needs of the patients as the premises they operated from lacked space and extending the building was not possible. The practice was working closely with the CCG to complete a new purpose-built practice, they told us they hoped to move into the premises in September 2019. 2. Since our last inspection the practice had employed two practice nurses who were able to provide effective care for those who were more vulnerable. However, of the patients with learning disabilities the practice had only undertaken annual reviews of 42%. 	

Practice Opening Times

Day	Time
Eye Road Surgery	
Opening times:	
Monday	8.30am to 6.30pm

Tuesday	8.30am to 7.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm
Enhanced hours were offered at the local GP hub, this was a routine service provided by the local federation.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3772	414	97	23.40%	2.57%

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)	97.1%	95.5%	94.8%	No statistical variation

Older people

Population group rating: inadequate

Findings

- The patients who required access to practice nurse services were offered appointments at a nearby practice (managed by the same provider) and at the local GP extended hours hub.
- All patients had a named GP who supported them in whatever setting they lived, the practice did not have care homes where they provided GP services.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions

Population group rating: inadequate

Findings

- Some 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

- The practice offered appointments at a nearby practice (under the same provider) and at the local GP extended hours hub.
- 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 under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: inadequate

Findings

- The practice offered appointments at a nearby practice (under the same provider) and at the local GP extended hours hub.
- Since our last inspection, the practice had provided telephone consultations for patients who wished to access advice this way.
- 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 under the age of 18 were offered a same day appointment when necessary.

People whose circumstances make them vulnerable

Population group rating: inadequate

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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 had not fully adjusted the delivery of its services to meet the needs of patients with a learning disability as they had only completed 42% of annual reviews for this group of patients.

People experiencing poor mental health (including people with dementia)

Population group rating: inadequate

Findings

- 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

Data from the GP patient survey July 2018 showed low satisfaction from patients in relation to access care and treatment from the practice within an acceptable timescale for their needs.

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)	42.3%	N/A	70.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	44.0%	74.1%	68.6%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	50.2%	69.3%	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)	56.8%	79.7%	74.4%	Tending towards variation (negative)

Any additional evidence or comments
<ul style="list-style-type: none"> The practice had put some measures in place to improve patient access to GPs and nurses. The practice had employed two new practice nurses and had introduced telephone consultation slots for patients who wished to access advise this way. The lead GP had increased the clinical time they offered at the practice. However, the impact of these changes had not been assessed at the time of our inspection. The practice was compromised on the number of clinical rooms available and were confident they had made improvements and would make further progress once they were in the new premises.

Source	Feedback
Patient interviews	Patients we spoke with told us that there had been improvements but that they still had difficulties in continuity of care and sometime access to appointments.

Listening and learning from concerns and complaints

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

care.

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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: Since our last inspection the practice had not received any written complaints. We noted that a new complaints policy and system was in place to ensure effective management of any complaints received. The practice had recorded some verbal feedback which had been dealt with immediately. They told us they would review this information to ensure trends were monitored.	

Well-led

Rating: requires improvement

At our previous inspection published January 2019 we rated the practice as **inadequate** for providing well led services because:

- The provider had not ensured care and treatment was provided in a safe way to patients and improvements were required to ensure good governance.
- People were not adequately protected from avoidable harm and abuse.
- There was insufficient assurance that people received effective care and treatment.
- The leadership, governance and culture of the practice did not assure the delivery of high-quality care.
- Some legal requirements were not met.

At this inspection we rated the practice as **requires improvement** for well led services because;

- Although the practice had made improvements, some of these needed to be improved further, fully implemented, embedded and monitored to ensure they were effective and sustained.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice had increased the GP leadership and commitment to ensuring the practice met the legal requirements necessary. The lead GP told us they had been motivated into ensuring the improvements were made and sustained. They had employed a practice manager and had accepted support from the Royal College of GPs and CCG to ensure their action plan was appropriate, actions undertaken, and improvements made. The practice had encountered a delay in the relocating to their new premises.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
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	Yes

them.	
Progress against delivery of the strategy was monitored.	Yes

Culture

The practice had improved the culture which drove 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.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
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
Explanation of any answers and additional evidence: The practice staff we spoke with told us they had seen significant improvement in the commitment of the partners to lead the practice. Staff we spoke with told us that they were more visible and listened to them. We saw from the minutes of some staff meetings that the partners had spoken to staff about their welfare, how they and each team member could ask for support for themselves and for each other.	

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

Source	Feedback
New staff member	Positive and supportive induction to the practice. Been able to discuss training needs to further develop their role.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial ¹
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: 1. The practice had improved the governance systems in place, but these needed to be further improved and monitored to ensure they were effective and sustained. For example, the practice had implemented a training matrix but on the day of the inspection not all the information to evidence staff had been appropriately trained had been added. There was insufficient evidence to show staff had been assessed fully and competent to do their roles including during induction.	

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Partial ¹
There was a systematic programme of clinical and internal audit.	Yes
There were arrangements for identifying, managing and mitigating risks.	Partial ²
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1. There were some processes to manage performance for example the quality and outcome framework however some systems such as staff competence needed to be improved.</p> <p>2. There were arrangements in place to identify and mitigate risks, some of these had been newly implemented and were not fully embedded and monitored to ensure they were wholly effective. For example, we found some missing details from the improved recruitment files and the system to manage patient safety alerts needed further improvement.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Partial ¹
There were effective arrangements for identifying, managing and mitigating risks.	Partial ¹
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1. The practice had improved the systems used to evidence that they monitor effectively things such as risk assessments and training needs but some of this documentation lacked detailed to ensure easily monitoring. For example, the medical coding of medicine reviews for patients taking repeat medicines was not consistent and did not allow for easy monitoring by undertaking electronic searches to identify patients that had not had a review. On the day of the inspection the training matrix did not contain all the information needed to be assured all staff had been trained appropriately such as safeguarding training for GPs.</p>	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: The staff we spoke with told us they had been involved with the new premises from which they would work.	

Feedback from Patient Participation Group.

Feedback
We spoke with a patient from the PPG who was supportive of the practice and the improvements they had seen.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: Practice staff told us the practice leadership team were supportive of their development. They told us they had received protected time to ensure they had undertaken their mandatory training.	

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.