

Care Quality Commission

Inspection Evidence Table

Dr Philip Matthewman (1-485294478)

Inspection date: 13 June 2019

Date of data download: 13 June 2019

Overall rating: Good

We carried out an announced comprehensive inspection at Dr Philip Matthewman, on 7 August 2018, and rated the practice as inadequate for safe, effective and well-led and good for caring and responsive. This gave the practice an overall rating of inadequate and we placed the practice into special measures.

We served a warning notice under Section 29 of the Health and Social Care Act 2008, as the provider was failing to comply with the relevant requirements of Regulation 12, (1), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also served a requirement notice, as the provider was failing to comply with the relevant requirements of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out a warning notice follow up inspection, on 18 December 2018, to assess whether the concerns identified in the warning notice had been addressed by the provider. At that inspection we found that the provider had appropriately addressed all the concerns identified in the warning notices.

At this inspection, we carried out an announced comprehensive inspection and found all the issues identified previously, with the exception clinical outcomes for patients with diabetes, had been addressed to an appropriate standard. We rated the practice as good in safe, effective, caring, responsive and well-led and this gave the practice an overall rating of good.

As a result, we have taken the provider out of special measures.

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

Safe

Rating: Good

At the previous inspection, on 7 August 2018, we rated the practice as inadequate for providing a safe service because the provider had failed to ensure the proper and safe management of medicines; failed to ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely; and failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way. At this inspection we found that the provider had appropriately addressed these previous areas of concern. Please see the evidence tables below for more details.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">At our previous inspection, on 7 August 2018, the provider could not demonstrate both clinical and non-clinical staff had completed the appropriate level of safeguarding children and adult training for their roles. At this inspection we saw confirming evidence that staff had received up-to-date adult and child safeguarding and safety training appropriate to their role. For	

Safeguarding	Y/N/Partial
<p>example, the GP was trained to level 3, the nurse was trained to level 3, the practice manager was trained to level 2 and administrative staff were trained to level 1.</p> <ul style="list-style-type: none"> • We spoke to a range of clinical and non-clinical staff; all staff were aware of how to identify and report safeguarding concerns. • Safeguarding was a standing agenda item on the monthly clinical team meetings. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We reviewed the files for the GP, nurse, practice manager, receptionist and a locum GP. • We found that appropriate pre-employment checks had taken place. For example, we saw that each staff file had a full record of employment history, references, DBS certificates, proof of identity and qualifications. • We saw evidence of medical indemnity insurance and valid registration with professional bodies for staff that required it. • The staff files we checked all had evidence of up to date staff vaccinations status, in accordance with public health guidance. 	

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: April 2019	Yes
There was a record of equipment calibration. Date of last calibration: April 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: January 2019	Yes
There was a log of fire drills. Date of last drill: January 2019	Yes
There was a record of fire alarm checks. Date of last check: June 2019	Yes
There was a record of fire training for staff. Date of last training: October 2018	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: October 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Annual fire risk assessments were documented and there was evidence that electrical and clinical equipment had been tested to ensure they were safe and fit for purpose. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 22/10/2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 22/10/2018	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At our previous inspection, on 7 August 2018, there was no evidence to demonstrate that health and safety risk assessments had been carried out at the premises. At this inspection we saw confirming evidence that a comprehensive health and safety and premises and security risk assessment had taken place. This risk assessment was compliant with the standards set out by the Health and Safety Executive. The provider had identified some risks and action plans were put in place and implemented to mitigate those risks. For example, the practice had identified that it had loose blind cords within the treatment rooms and this posed a 	

risk of small children entangling themselves. To address this the practice attached hooks by the windows for the cords to be securely tied up and out of reach from children.

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
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 13 November 2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> At our previous inspection, on 7 August 2018, there was no sharps injury guidance within the consulting or treatment rooms in order to provide staff with quick access to information on the steps to be taken in the event of a sharps injury. At this inspection we found that both consultation rooms now had this information clearly displayed on the walls. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Explanation of any answers and additional evidence:

- At our previous inspection, on 7 August 2018, we found that the provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patients suffering from potential illnesses such as sepsis. Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening complication of an infection or injury.
- At this inspection we were informed that non-clinical staff had been provided with in-house sepsis awareness training by the practice GP. When we interviewed non-clinical staff, we were satisfied that they had an appropriate understanding of how to identify and manage patients with severe infections including sepsis. For example, we were told by non-clinical staff that the associated symptoms of sepsis include high temperature, chest pains, shortness of breath, nausea, vomiting, chills and shivering, and if these symptoms were observed then they would immediately call the GP to assess the patient.

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
Referrals to specialist services were documented and 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
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	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

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	0.45	0.52	0.88	Significant Variation (positive)
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) <small>(NHSBSA)</small>	10%	9.6%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>	5.95	5.35	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) <small>(NHSBSA)</small>	1.01	1.04	2.07	Variation (positive)

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
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	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
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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
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
Explanation of any answers and additional evidence:	
<p><u>Prescription Security</u></p> <ul style="list-style-type: none"> At the previous inspection, on 7 August 2018, we found that there were no lockable printer trays to keep prescription stationery secure at all times in the practice. There was also no system in place to effectively monitor prescriptions both on delivery and when they were distributed through the practice. At this inspection we saw confirming evidence that a prescription security policy had been put in place and we were satisfied that there was now a safe system for monitoring prescriptions both on delivery and when they were distributed throughout the practice. The new policy stated that printer prescriptions were to be removed from the printer trays at the end of each day and placed in a locked drawer adjacent to each printer. We saw evidence that when the trays were reloaded, the serial number of the first and last prescriptions were recorded in a log book. We also saw that when new boxes of prescriptions were delivered, they were stored in a locked cupboard and the serial numbers of the prescriptions were recorded in the prescriptions log book. <p><u>Uncollected prescriptions</u></p> <ul style="list-style-type: none"> At our previous inspection, on 7 August 2018, we found the systems put in place for the monitoring of uncollected prescriptions were ineffective, our review of the prescriptions box found prescriptions for six patients of which prescriptions for four patients who were vulnerable 	

were overdue for collection.

- At this inspection we saw confirming evidence that a new policy for uncollected prescriptions had been put in place. We were satisfied that this was an effective and safe system for monitoring patients' uncollected prescriptions, particularly for those patients who were vulnerable. For example, we saw that the new policy stated that all uncollected prescriptions would be reviewed at the end of each month by the reception team and any prescriptions that remained uncollected for a period of one month would be passed to the GP for review. We saw that there was a log book which recorded all uncollected prescriptions that had been passed to the GP for review and the action taken by the GP.
- We reviewed the prescription box and only found two uncollected prescriptions, both prescriptions were for antibiotics and had been issued within the last 2 weeks. We also noted that the patients identified at the August inspection with uncollected prescriptions at the practice had been contacted by the GP. We saw that the records for all six patients showed that they had received their medication.

Medicines handed into practice

- At our previous inspection, on 7 August 2018, we found 60 tablets of a high-risk drug, returned to the practice unused had not been safely destroyed as recommended by national clinical guidance.
- At this inspection we did not find any patient medication stored at the practice. The practice had provided us with their updated policy on returned medicines, which stated that the practice would not accept any medication returned by patients and instead patients would be re-directed to a local pharmacy where their medicines could be safely destroyed.

Emergency equipment and medicines

- At our previous inspection, on 7 August 2018, we found the practice did not have effective systems in place for the management, monitoring and recording of emergency equipment and emergency medicines. In particular, we found that the practice did not store two of the recommended emergency medicines and had not documented a risk assessment to identify a list of medicines that were not suitable for the practice to stock, and the emergency oxygen cylinder was out of date.
- At this inspection the practice provided us with their updated policy on emergency equipment and medicines. The practice now recorded and listed all emergency medicines and equipment along with their expiry dates. We were told that the practice would carry out monthly checks to ensure that emergency medicines and equipment was not out of date, and we saw evidence of this being recorded in a log book. We saw that the emergency oxygen had been replaced, and all emergency medicines stored at the practice were in line with recommended national guidelines. If a recommended emergency medicine was not stocked at the practice, then there was an adequate risk assessment in place. For example, the practice did not stock rectal diazepam (used in emergency to treat epileptic fit) as this was no longer being manufactured. The practice had documented a risk assessment for this which stated that in such an emergency the practice would call the emergency services which should take approximately five minutes to arrive as the nearest hospital was less than one mile away.

Medicines management	Y/N/Partial
<u>Monitoring the prescribing of high-risk medicine</u>	
<ul style="list-style-type: none"> At our previous inspection, on 7 August 2018, we found that comprehensive care records were not maintained for patients that were prescribed Warfarin, a high-risk anticoagulant medicine. Anticoagulant medicine acts as a blood thinner used to prevent heart attacks, strokes and blood clots in the veins and arteries. Anticoagulant medicine needs to be adjusted based on the most recent international normalized ratio (INR) blood test result. Both an under dose and an overdose of anticoagulant medicine can prove fatal and therefore careful monitoring of patients prescribed anticoagulant medicine is essential. At this inspection we were told that a new policy had been put in place which ensured that patient blood test results were reviewed, scanned and logged by the GP on their record prior to prescribing any anticoagulant medicine. We reviewed the records of all patients that were currently being prescribed anticoagulant medicine and saw that all the patient records had a documented up-to-date blood test result. 	

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.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	6
Number of events that required action:	6
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At our previous inspection, on 7 August 2018, we found that there had been no significant events recorded in the last 12 months and there was no documented policy on significant events. At this inspection we saw that a significant events policy was now in place and included all the appropriate information. The practice had recorded six significant events in the past 12 months and we saw evidence that they had been investigated, discussed during meetings and any learning was shared with practice staff. 	

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

Event	Specific action taken
Cervical Smear Error	The practice incorrectly recorded that a patient had their last

	<p>cervical smear taken in 2016, when in fact it was 2014. The patient presented at the practice for a smear test and a locum doctor told them that they were not due for smear test yet. The error was realised, the patient record was amended, the patient was contacted, an apology was offered, and the patient had their smear taken.</p> <p>All staff were reminded the importance of accurate record keeping.</p>
Child Absence from School	<p>A school nurse contacted the practice as a child and been absent from school for a prolonged period with no contact from them or their family. The practice tried to make contact and escalated the matter to the local authority.</p> <p>This was discussed at a meeting and all staff were reminded the importance of escalating such matters immediately to the local safeguarding and local authority.</p>

Safety alerts		Y/N/Partial
There was a system for recording and acting on safety alerts.		Yes
Staff understood how to deal with alerts.		Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Alerts were received electronically and disseminated by the practice management to all staff. All alerts were recorded on a register, which detailed the alert and the action taken. Staff gave examples of recent alerts they had actioned which had been recorded appropriately. For example, we saw a recent drug alert was recorded in respect of prescribing direct-acting oral anticoagulants to patients diagnosed with antiphospholipid syndrome (a disorder characterised by an increased tendency to form abnormal blood clots (thromboses) that can block blood vessels). A patient record search was carried out and no patients were identified to be at risk. 		

Effective

Rating: Requires Improvement

At our previous inspection, on 7 August 2018, the practice was rated as inadequate for providing effective services overall and for all population groups. We found concerns for the care being provided to the 'working age' population group (specifically cervical cancer screening) and the 'people with long term conditions' population group (specifically in relation to diabetes care).

At this inspection, although there was some evidence of improvement, we were not satisfied that the practice had fully addressed the previous concerns identified for patients with diabetes. In addition, the practice's performance was lower than the CCG and England averages for cancer indicators relating to cervical screening, bowel cancer screening, breast cancer screening and two-week wait cancer referrals.

Please note: At the August 2018 inspection the latest available data published by sources such as QOF and Public Health England related to the practice's performance between April 2016 and March 2017. The performance data shown in the below evidence tables is the latest published data and they relate to the practice's performance between April 2017 and March 2018. However, this data pre-dates our August 2018 inspection where the concerns were identified, and therefore, this data will not show any improvement made by the practice through their action plans. To establish whether there has been an improvement since August 2018, we have obtained unverified and unpublished data which relates to the practice's performance between April 2018 to March 2019 and this data has been referred to in the additional comment boxes.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	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) (NHSBSA)	0.42	0.73	0.77	No statistical variation

Older people

Population group rating: Good

Findings

- All patients over the age of 75 were offered regular health checks.
- All patients over the age of 65 were offered an influenza vaccine.
- Older patients received a structured annual medicines review which included the review of polypharmacy (the concurrent use of multiple medicines).
- 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 their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Complex cases were referred to the frailty team at the local hospital.
- The practice had monthly meetings with the community district nurse team and matron to discuss housebound patients and patients on their care list.
- The practice provided a choice of appointments and home visits were also made available for housebound and less able patients.

People with long-term conditions

Population group rating: Requires Improvement.

Findings

- The practice's QOF performance for indicators that related to diabetes was significantly lower than the CCG and England's averages (see below for more details).
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions. The practice had access to a long-term conditions team at the local hospital where advice could be sought for complex cases.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	58.5%	78.4%	78.8%	Variation (negative)
Exception rate (number of exceptions).	5.4% (3)	8.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	80.0%	81.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	1.8% (1)	6.5%	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) (QOF)	63.0%	82.8%	80.1%	Variation (negative)
Exception rate (number of exceptions).	3.6% (2)	8.5%	13.5%	N/A

Any additional evidence or comments

- The current published QOF data is for 2017/2018 and this indicated that 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 was 58.5% and this was significantly lower than the CCG average of 78% and England average of 79%.
- The practice told us that since the August 2018 inspection, it had increased efforts to call and recall diabetes patients to ensure that they were being treated appropriately. The practice showed us unverified and unpublished data for 2018/2019 which indicated that this indicator had improved to 70%, however this was still lower than the CCG and England averages when

compared to the published data.

- The current published data also indicated that 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 was 63% and this was significantly lower than the CCG average of 82% and England average of 80%. The practice showed us unverified and unpublished data for 2018/2019 which indicated that this indicator had also improved to 70%, however this was still lower than the CCG and England averages when compared to the published data.
- Although the practice's unverified data had demonstrated some improvement in clinical outcomes for patients with diabetes, the practice was aware that it had to further improve care for this group of patients.

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>	89.1%	77.7%	76.0%	Variation (positive)
Exception rate (number of exceptions).	1.5% (1)	3.6%	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>	96.3%	92.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.3%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.2%	82.3%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.3% (2)	3.4%	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>	92.9%	89.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	9.4%	6.7%	N/A

Findings

- Childhood immunisation uptake rates for 2017/2018 for children aged 1 was 70%, and this was below the World Health Organisation (WHO) target of 95%. The practice explained that as a small practice there was a very small number of children eligible for the vaccines, and this meant that by a few children failing to receive the vaccine the data became skewed. The practice explained that for 2017/2018 three out of ten eligible children did not have their vaccines. We reviewed the notes for these three patients and were satisfied that reasonable efforts had been made to contact the parents of these children and/or there were valid reasons for them not being vaccinated. We also reviewed unverified data for 2018/2019 which indicated that the practice's uptake rate for childhood immunisations for children aged 1 had increased to 90%.
- Childhood immunisation uptake rates for 2017/2018 for children aged 2 was 100% and this was above the World Health Organisation (WHO) target of 95%.
- At the August 2018 inspection, we were not satisfied that the practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care. Since then the practice has put a new policy in place which ensures that all children who have not attended an appointment for secondary care are followed up personally by the lead GP, a new appointment is made for the child, and the GP would liaise with health visitors when necessary. We reviewed patient records and saw evidence to support this new procedure.
- A comprehensive maternity information pack (created in-house) was made available for pre-natal and post-natal patients.
- 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. Depression screening was now incorporated in postnatal checks for new mothers.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
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)	7	10	70.0%	Below 80% (Significant variation negative)
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)	value suppressed	value suppressed	100.0%	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)	value suppressed	value suppressed	100.0%	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)	value suppressed	value suppressed	100.0%	Met 95% WHO based target (significant variation positive)

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings	
<ul style="list-style-type: none"> The practice's performance was lower than the CCG and England averages for cancer indicators relating to cervical screening, bowel cancer screening, breast cancer screening and two-week wait cancer referrals (see below for more details). The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. 	

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	36.9%	54.6%	71.7%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	47.8%	52.3%	69.9%	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)	29.1%	44.1%	54.4%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months,	100.0%	75.6%	70.2%	N/A

who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)				
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)	20.0%	54.5%	51.9%	No statistical variation

Any additional evidence or comments

- At the August 2018 inspection, the 2016/2017 Public Health Data was the most recently published data. That data indicated that the practice's cervical screening uptake rate was 44%, which was significantly lower than the national target of 80% and the CCG average of 55%. Current published data for 2017/2018 shows that this figure had declined to 37%. The practice told us that since the August 2018 inspection, monthly audits were being carried out to assess which women were eligible for cervical screening, the administration team was tasked with contacting these patients and booking them in for screening. The practice had also hired a nurse and a long-term female locum who worked one session a week and one of their main priorities was to increase the cervical screening uptake rate. We reviewed unverified and unpublished data which indicated that the practice's cervical screening uptake rate had significantly increased to 64%, which was above the CCG average but still significantly below the national target.
- The most recently published data indicated the number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) was 20% and this was significantly lower than the CCG average of 55% and England average of 52%. The practice said it reviewed all patients diagnosed with cancer to assess whether those patients were referred via the two-week wait process, and if not, whether they should have been.
- The practice was aware of the low score for bowel and breast cancer screening. We were told that when secondary care services tell the practice that their patients have not attended an appointment, the practice follows this up with the individual patients to encourage them to attend. However, we saw no evidence of any additional measures which encouraged patients to attend breast and bowel cancer screening, for example, displaying educational leaflets and/or posters.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

Population group rating: Good

Findings

- At the August 2018 inspection we were not satisfied that there was a system for following up patients who failed to attend for administration of long-term medication. The practice now has a new policy on this, all patients within this population group are closely monitored by the lead GP. The GP ensures that the patient's notes are reviewed, and the patients are invited for an appointment on a regular basis. We saw evidence that the reception staff logged all prescriptions more than four weeks old on a spreadsheet and escalated them to the GP.
- 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.
- Same day and longer appointments were offered when required.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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)	68.8%	90.6%	89.5%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.0% (0)	4.8%	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)	93.8%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	3.5%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been	80.0%	81.1%	83.0%	No statistical variation

reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	0.0% (0)	3.8%	6.6%	N/A

Any additional evidence or comments

The most recently published QOF data indicates that 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 was 69% and this was below the CCG average of 91% and the England average of 90%. The practice showed us unverified and unpublished data which indicated that this had increased to 91%.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	443.6	541.9	537.5
Overall QOF score (as a percentage of maximum)	79.4%	96.9%	96.2%
Overall QOF exception reporting (all domains)	2.5%	4.6%	5.8%

Any additional evidence or comments

We reviewed the practice's overall QOF scores for the last three financial years and noted that it had improved year on year. For 2016/2017 the practice had achieved an over score of 76%, this increased to 79% in 2017/2018 and unverified and unpublished data indicated that this had further increased to 90% for 2018/2019.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

- There had been seven clinical audits that had been carried out in the past 24 months, including 2-cycle audits. Some of the audits had highlighted improvements in clinical performance, for example:
 - The GP was consciously trying to reduce the prescribing of a certain medicine used for sleeping problems and anxiety. Since 2015 he has carried out an annual audit of prescribing this medicine and each year and the prescribing of this medicine had decreased by 40%.

- An audit of patients with Chronic Obstructive Pulmonary Disease (COPD) using steroid inhalers had resulted in two patients being given advice on improving their inhaler use; three having their inhaler types changed; and one having their inhaler discontinued as ineffective.
- The GP is currently carrying out an audit for patients who have very high cholesterol. We were told that studies show that there is a strong link that a person with high cholesterol may also have family members with high cholesterol. The GP is treating these patients and screening their family members for high cholesterol (if they are registered at the practice).

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.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw evidence staff were up to date with role specific training. The practice told us they used a range of sources for training including on-line training, face to face and group training. • The practice manager also showed us a training matrix that was used to keep a track of staff training. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw evidence of regular in-house and multi-disciplinary team meetings for patients with serious or multiple medical conditions. 	

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
Patients had access to appropriate health assessments and checks.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw evidence carers were kept well informed about the health of those that they cared for. The practice told us that it signposted patients to local organisations that helped them prevent illnesses such diabetes and maintain a healthy lifestyle. 	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.7%	93.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (1)	0.6%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We found that the clinical staff had working knowledge of the Mental Capacity Act. At August 2018 inspection the GP was unable to demonstrate adequate understanding of the Gillick competency and Fraser guidelines to help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-old girls without parental consent. Since then, they have been used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. At this inspection the GP was now able to demonstrate a good understanding of these guidelines. 	

Caring

Rating: Good

At our previous inspection, on August 2018, we rated the practice as good for providing caring services, this rating remains the same.

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
Staff displayed understanding and a non-judgemental attitude towards 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.	28
Number of CQC comments received which were positive about the service.	27
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comments cards	Patients commented that staff provide a helpful and friendly service and treated them with compassion, respect and kindness.
Patient interviews	Patients we interviewed told us they had always been treated with the highest level of kindness, respect and compassion.

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
1814	404	73	18.1%	4.02%

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)	79.4%	88.6%	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)	77.5%	85.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	90.6%	94.4%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	92.3%	83.1%	83.8%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> The practice sought patient feedback through the NHS Friends and Family Test (FFT). The latest results showed that 86% of patients would be extremely likely or likely to recommend the service. The practice had a patient feedback box and reviewed comments posted on NHS Choices. The practice had received a four out five-star rating on the NHS choices website.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Easy read and pictorial materials were available for those with learning difficulties. 	

Source	Feedback
Interviews with patients.	Patients told us they felt supported and were involved in decisions about care and treatment.
CQC Comment cards	Comments in general stated staff were always respectful and clinicians were caring and understanding.
NHS Choices Websites	One patient made the following comment: <i>"The Dr has been my GP for some 15 years. He is a very competent, caring Doctor, who goes the extra length. He is thorough, and he never makes one feel that he is under pressure to see the next patient. He is sensible and gives good common-sense advice. He will explain treatments and communicates with the relevant consultants".</i>

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)	92.5%	94.2%	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.	38 carers (2% of patient list). The practice informed us it was pro-actively trying to increase the number of carers identified within its patient list. They had a carers leaflets in the reception area and provided information on being a carer on their website. The practice asked all new patients to disclose if they were a carer.
How the practice supported carers.	The practice had a system that formally identified patients who were carers and written information was available for them signposting them to the various avenues of support. For example, a local carers organisation. Patients who were carers were offered annual health checks and influenza vaccinations.
How the practice supported recently bereaved patients.	The practice told us they would call to support bereaved patients and offered them an appointment with a GP.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The reception seating was away from the reception desk giving some privacy. We were told when a patient wished to discuss a matter in private, staff were aware they could take the patient to a private room for the discussion. Patients we spoke with and CQC comment cards stated their privacy and dignity was always respected. 	

Responsive

Rating: Good

At our previous inspection, on August 2018, we rated the practice as good for providing caring services, this rating remains the same.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs/ Services did not meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
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
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times		
Day	Time	
Opening times:		
Monday	9am – 12 noon	3pm – 5pm
Tuesday	9am – 12 noon	4pm – 6pm
Wednesday	9am – 12 noon	4pm – 7.30pm
Thursday	9am – 12 noon	Closed
Friday	9am – 12 noon	4pm – 6.30pm
Appointments available:		
Monday	9am – 12 noon	3pm – 5pm
Tuesday	9am – 12 noon	4pm – 6pm
Wednesday	9am – 12 noon	4pm – 7.30pm
Thursday	9am – 12 noon	Closed
Friday	9am – 12 noon	4pm – 6.30pm
Additional Information:		
<ul style="list-style-type: none">• A walk-in clinic operated every weekday morning between 9.30am-11.30am.• Telephone consultations were available with the GP every weekday between 11.30am-12		

noon.

- Home visit consultations were carried out by the GP during the afternoon whilst the surgery was closed.
- Patients could book appointments for the afternoon clinics which were available on Monday, Tuesday, Wednesday and Friday.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
1814	404	73	18.1%	4.02%

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)	92.7%	93.3%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice said they actively reviewed and attempted to reduce polypharmacy (the prescribing of numerous medicines) for elderly patients.
- In recognition of the religious and cultural observances of some patients, on request 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.
- The practice worked closely with local organisations which helped older patients be more independent at their homes. We were told that the practice had good relations with a specific local centre which was a purpose-built Camden council resource centre for Camden residents aged 60 and over. Many of the practice's patients attended this centre, for lunch and for physical therapies.
- The practice worked closely with local organisations which helped prevent avoidable hospital admissions.
- In addition to clinical treatment, clinicians were aware of the benefits of social prescribing and had links to community groups and support networks. For example, we saw that elderly patients who stated they felt lonely were sign posted to local organisations where patients could meet and socialise with other people.
- The practice hosted a monthly table-tennis club for its patients over the age of 50.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- Patients with a newly diagnosed long term condition would be offered longer appointments.
- 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.
- Patients at risk of developing diabetes were signposted to local pre-diabetes services.

Families, children and young people

Population group rating: **Good**

Findings

- Nurse appointments were available until 7.30pm on a 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.
- Parents with concerns regarding children under the age of 10 could attend a walk-in clinic held every morning.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- A female locum and a female nurse worked one session a week to help improve the uptake of cervical screening.
- Extended opening hours were available at the practice on Wednesday evenings between 6.30pm-7.30pm.
- Telephone consultations were available with the GP every weekday between 11.30am-12 noon.
- The local clinical commissioning group had commissioned an extended hours service, which operated between 6.30pm and 8pm on weeknights and from 8am to 8pm at weekends at four "Hub" locations across the Camden borough.

People whose circumstances make them vulnerable

Population group rating: **Good**

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 adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice had access to translation services and had identified that a number of its patients did not have English as their first language.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

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.
- The practice told us the standard appointment times were not applicable to this cohort of patients as they were always given extra time during consultations.
- Regular multi-disciplinary team meetings were held with mental health care professionals from the local hospitals.

Timely access to the service

People were 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)	96.9%	N/A	70.3%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	89.4%	68.1%	68.6%	Tending towards variation (positive)
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)	83.3%	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)	91.3%	73.5%	74.4%	Tending towards variation (positive)

Source	Feedback
Patient Interviews and CQC comments cards	Both patients who completed CQC comment cards and those we spoke with commented they could get an appointment with a doctor or when they needed one, usually on the same day.

Listening and learning from concerns and complaints

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

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

	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:

- No formal complaints had been recorded in the past 24 months. The practice did however note informal complaints/feedback and we saw evidence that they had been discussed in staff meetings. The practice also responded to all feedback left on the NHS choices website.

Well-led

Rating: Good

At our previous inspection, on 7 August 2018, the practice was rated as inadequate for providing well-led services. At that inspection we were not assured the lead GP recognised his responsibility and took appropriate ownership, for providing effective, high quality care. We found there was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

At this inspection we were satisfied that the practice had addressed the majority of the previous concerns (with improvement still required for diabetes and cancer care) and had made adequate improvements in providing a well-led service.

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 could demonstrate that the majority of the previous concerns identified at the last inspection in August 2018 had been addressed.
- New policies were in place for significant events; sepsis awareness and management; monitoring patients on high-risk medicines; monitoring emergency medicines and equipment; prescription security; failed attendances and uncollected prescriptions relating to vulnerable patients.
- Staff told us that the lead GP was visible, approachable and worked closely with staff. There was also evidence of regular team meetings taking place.
- The lead GP attended a weekly clinical meeting at a nearby practice to discuss complex cases and share learning.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	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 them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice's vision was to "Provide Personal Care in an Accessible Manner". The practice's vision and objectives were now recorded in a business strategy document. The practice had taken steps to meet its objectives and address the concerns identified at the August 2018 inspection. One of the key changes was that the GP had hired a practice manager and an IT administrator to assist with the governance arrangements and performance data. The practice had also hired a practice nurse who carried out one session a week to help improve outcomes for patients, particularly for cervical cytology. 	

Culture

The practice had a 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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes

Explanation of any answers and additional evidence:

- Staff told us if they had any concerns they would raise them with management, with the confidence their concerns would be taken seriously and acted upon.

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

Source	Feedback
Staff interviews	We spoke with several members of staff during the inspection. All stated they felt well supported and that they had access to the equipment, tools and training necessary to enable them to perform their roles well. We were told staff were given protected time to enable them to undertake training and carry out non-clinical duties. Staff reported there were good, effective working relationships between managers and staff and clinical and non-clinical staff.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
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:	
<ul style="list-style-type: none"> • The practice had a suite of practice specific policies including, child and adult safeguarding, infection and prevention control and significant events. There was a system for these to be regularly reviewed by the management team. 	

Managing risks, issues and performance

There were effective 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.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">At the August 2018 inspection the practice did not have a business continuity and succession plan. At this inspection we saw that there was a business continuity plan for major disasters. The lead GP also told us that when he decides to retire a nearby surgery will take over his patient list, and this is already being discussed with the relevant NHS authorities.The practice was aware that it needed to further improve its performance for diabetes and cancer care.	

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.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had provided confirming evidence that they had been pro-active in improving performance all indicators, with a particular emphasis on diabetes care and cervical cytology.	

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
The practice had an active Patient Participation Group.	Yes (see below)
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: <ul style="list-style-type: none"> There was a suggestions box in the waiting area and the practice operated their Patient Participation Group via a Facebook page to keep patients informed of issues relating to the service and to allow them to give feedback. We noted that the facility had been used to inform patients of late surgeries on Wednesdays, the availability of clinics and that female clinicians were working at the practice. 	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

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.