

# Care Quality Commission

## Inspection Evidence Table

### Moseley Medical Centre (1-537680048)

Inspection date: **23 July 2019**

Date of data download: 24 July 2019

## Overall rating: Good

Following our previous inspection in December 2018 we rated the practice as Requires Improvement overall. At this inspection we noted improvements across areas including safeguarding systems, recruitment checks, medicines management, leadership and sustainably arrangements. However the practice continues to be rated as Requires Improvement as areas such as for record keeping.

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

## Safe

## Rating: Good

Following our previous inspection in December 2018 we rated the practice as Requires Improvement for providing safe services. The practice is now rated as Good for providing safe services as we noted improvements in the areas identified at our last inspection. This included strengthened safeguarding systems, recruitment checks, significant events and medicines management.

### 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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y

<b>Safeguarding</b>	<b>Y/N/Partial</b>
Staff who acted as chaperones were trained for their role.	Y
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.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw evidence to demonstrate that the practice monitored their safeguarding systems on a regular basis. This included identification and regular monitoring of missed hospital appointments for children.</li> </ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had appointed a number of new staff members since the beginning of 2019. This included a new practice manager, a practice pharmacist, a new healthcare assistant and a new member of the admin/reception team. We saw evidence to demonstrate that recruitment checks were carried out in accordance with regulations for these staff, as well as for those who had worked in the practice prior to 2019.</li> <li>In addition, the clinical team included two new locum GPs that joined the practice in January and March 2019; these GPs worked on a long term locum sessional basis. There were also two long term locum practice nurses who had worked with the practice since 2013. We saw evidence of formal agreements in place to support the locum working arrangements.</li> <li>We saw that staff who required medical indemnity insurance had it in place.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: June 2019	Y
There was a record of equipment calibration. Date of last calibration: 25 June 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 16 July 2019	Y
There was a log of fire drills. Date of last drill: 17 April 2019	Y
There was a record of fire alarm checks. Date of last check: 17 July 2019	Y
There was a record of fire training for staff. Date of last training: July 2019	Y

There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 10 January 2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>We saw examples of actions that had been completed following the practices fire risk assessment. This included completion of monthly emergency lighting testing and applying signage to ensure fire exit doors were kept clear of obstruction.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: June 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: June 2019	Y
Explanation of any answers and additional evidence: N/A	

### Infection prevention and control

#### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 2 November 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice nurse was the infection prevention and control lead, we noted that as they worked at the practice two days a week one of the GP partners was named as the deputy lead for staff to access to the absence of the nurse. Staff we spoke with confirmed that they knew who to go to with an infection control query or concern.</li> <li>We saw evidence of completed actions following the practices infection prevention and control audit. These actions included replaced flooring in the nurse's rooms and wipeable chairs purchased for clinical rooms.</li> </ul>	

### 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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: N/A	

#### Information to deliver safe care and treatment

**In most areas, 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.	Partial
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Our review of the patient record system demonstrated that most records we observed were written in line with current guidance. However, we identified a case where there was a lack of diagnosis coded and no evidence of the advice given to the patient. Another of the records was</li> </ul>	

created by a locum GP however it did not identify which locum GP had completed it, in this record there was no evidence of a full assessment documented.

- The practice had implemented a number of effective monitoring systems to ensure that areas such as summarising of new patient notes, patient referrals and test results were managed, reviewed and actioned on a continuous basis.

## 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>	0.52	0.84	0.88	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>	5.7%	7.7%	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>	5.24	5.13	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>	1.14	1.78	2.07	Tending towards variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical	Y

Medicines management	Y/N/Partial
supervision or peer review.	
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We observed an effective system for monitoring patients on high risk medicines, this included patients on warfarin, methotrexate and lithium; we saw that these patients were all up to date with blood tests and that such monitoring was effectively recorded.</li> <li>The practice pharmacist joined the practice team in May 2019. The pharmacist undertook medicines reviews and helped to promote and monitor antimicrobial stewardship in the practice, as well as across other areas of prescribing.</li> <li>There was evidence of structured medicines reviews undertaken which were also appropriately coded of the practices patient record system.</li> <li>We noted a consistent positive variation with regards to antibiotic prescribing performance for 2017/18 and 2018/19. In addition, prescribing performance for Nonsteroidal anti-inflammatory drugs (NSAIDs) were also positive. NSAIDs are used to treat a variety of symptoms such as pain, inflammation, and stiffness caused by rheumatoid arthritis.</li> </ul>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y

Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	8
Number of events that required action:	8
Explanation of any answers and additional evidence: We saw evidence to demonstrate that incidents and significant events were discussed in formal practice meetings as well as with other practices within the locality. Minutes were made available to staff in the event of being unable to attend practice meetings, such as due to varied shift patterns or annual leave.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A significant event was recorded due to a patient experiencing an accident outside the practice (a fall).	<ul style="list-style-type: none"> <li>The significant event record noted that a support worker was present with the patient. A nurse and one of the GP partners was immediately informed and the patient was seen to by the clinicians. An ambulance was called for further observations and assessment. The record also noted that the patient recovered from the accident.</li> <li>Actions included expanding on the practice's CCTV coverage so that the outside of the premises could be monitored as well as the patient waiting room. We noted that this action had been completed.</li> <li>As a team the practice reflected on the event further, it was discussed during a practice meeting and staff were reminded to be vigilant, discussions noted that staff also acted promptly at the time of the incident.</li> <li>A health and safety risk assessment was further completed to identify and mitigate any trip hazards for patients.</li> </ul>
A significant event was recorded as correspondence had been scanned on to the wrong patients record on the practices patient record system.	<ul style="list-style-type: none"> <li>The significant event record noted that the incident had occurred due to the patients having very similar names.</li> <li>On identifying the incident, the error was rectified and brought to the practice managers attention.</li> <li>The matter was discussed with staff and reflected on during a staff meeting where staff were reminded to ensure adequate checks were taken when documenting and scanning on to the patient record</li> </ul>

	<p>system.</p> <ul style="list-style-type: none"> <li>Following the incident the practice introduced a regular system of spot checking patient records to ensure content was accurate.</li> </ul>
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practices system for managing safety alerts had been strengthened with the support by the practice pharmacist who joined the practice in May 2019. We saw that a matrix was in place to capture all alerts received and any actions taken. The pharmacist received and disseminated the alerts and the practice manager and GP partners also deputised for this process in the event that the pharmacist was not available at the practice.</li> <li>We saw examples of actions taken on alerts for example, with regards to patients taking hydrochlorothiazide (a medicine used to treat high blood pressure). We also saw that the practice ran a search on their patient record system to check for any patients of child-bearing age taking sodium valproate (medications primarily used to treat epilepsy and bipolar disorder and to prevent migraine headaches), there were no patients identified.</li> </ul>	

## Effective

Rating: Good

### Effective needs assessment, care and treatment

The practice did not demonstrate that in all cases, 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.	Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant	Y



digital and information security standards.

Explanation of any answers and additional evidence:

- Although we saw that clinicians had access to guidelines, safety alerts and current evidence-based practice, we noted that in April 2019 a locum GP had prescribed a specific medicine to a patient for delaying menstruation; however, there was no evidence of a full assessment documented.

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>	0.85	0.75	0.77	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

## Population group rating: Good

### Findings

- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Patients with asthma were offered an asthma management plan.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins and patients with

suspected hypertension were offered ambulatory blood pressure monitoring. Patients with atrial fibrillation were also assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.7%	80.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	11.6% (18)	12.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.2%	77.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.4% (13)	10.3%	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>	77.8%	81.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	12.9% (20)	11.3%	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>	67.8%	76.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	9.0% (12)	6.3%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.3%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	25.8% (8)	11.3%	11.5%	N/A

Indicator	Practice	CCG	England	England
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		average	average	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)	84.9%	83.2%	82.6%	No statistical variation
Exception rate (number of exceptions).	7.0% (17)	4.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	84.6%	88.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	13.3% (2)	8.3%	6.7%	N/A

### Any additional evidence or comments

- During our inspection we discussed the practice's exception reporting rates. We saw the practice followed an appropriate process where for example, patients that repeatedly failed to attend their appointment were excluded; following three (and sometimes more) attempts from the practice. Staff explained that patients who declined treatment or investigations were excluded, where this occurred the patient consented to this and the practice managed these on a case by case basis to ensure that vulnerable patients were not inappropriately excluded. There was clinical oversight of the practice's exception reporting, this was supported by the GPs.
- We noted that in some areas they were above local and national averages such as for Asthma and Chronic Obstructive Pulmonary Disease (COPD). COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema. We saw evidence to support that an appropriate exception reporting process was followed in cases where exception reporting was higher than average.
- Unverified and unpublished data was provided by the practice shortly after our inspection, this showed that there were 37 patients on the practice's COPD register and 176 patients on the Asthma register; the data highlighted continued above average rates for COPD exception rates at 31.67% and Asthma exception rates at 10.96%; this reflected the period of 2018/19.

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets by 0.3%. Conversations with staff during our inspection indicated that the practice were continuing to call and recall their patients in for child immunisations. Unverified and unpublished data was provided by the practice shortly after our inspection, this showed some improvement.
- We observed that the practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. This included liaison with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- 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)	30	30	100.0%	Met 95% WHO based target
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)	26	29	89.7%	Below 90% minimum
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)	26	29	89.7%	Below 90% minimum
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)	26	29	89.7%	Below 90% minimum

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>

### Any additional evidence or comments

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets.
- Unverified and unpublished data was provided by the practice shortly after our inspection, this showed some improvement, for instance current uptake for child Pneumococcal infection boosters were at 100%. MMR immunisation uptake was at 85.7%.
- We noted that immunisation rates were continually monitored and missed appointments were followed up by the clinical team.

### Working age people (including those recently retired and students)

### Population group rating: Requires Improvement

#### Findings

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

to attend the surgery.

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)	59.2%	68.1%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	52.0%	63.8%	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)	36.0%	44.0%	54.4%	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)	50.0%	74.2%	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)	50.0%	52.0%	51.9%	No statistical variation

#### Any additional evidence or comments

- Data from Public Health England (PHE) demonstrated that the practice's cervical screening uptake had increased from 55.6% for 2016/17 to 59.2% for 2017/18, however continued to be below local and national averages.
- The practice provided a report at the time of our inspection, this highlighted that the cervical screening uptake had increased to 77%, this was based on unverified and unpublished data.
- We saw evidence of the nurse's failsafe records to ensure that they received a screening result for every cervical screening sample submitted to the lab.
- We saw evidence demonstrating that the practice monitored and followed up on missed appointments for cancer screening, this included anonymised evidence of correspondence sent by the GP in efforts to further encourage and engage patients in the screening process.
- We also saw a successful example of where the practice took a dedicated approach to ensure that a patient received appropriate screening, where they had found it difficult to engage them in the cancer screening process previously.
- PHE data highlighted that the practice's uptake for breast and bowel cancer screening was below the national average. We noted some improvement in the uptake of cancer reviews which went from 33.3% in 2017/18 to 50% in 2018/19, however this continued to be below the local and national averages. The practices number of new cancer cases treated had also increased

from 20% in 2017/18 to 50% in 2018/19.

- We noted that the practice was in the early stage of utilising their text messaging service specifically to promote an online option to book cervical screening appointments. Members of the management team explained that this was introduced to help patients who may have personal, cultural and sensitive preferences so that they did not need to discuss their cervical screening appointment over the phone if they were uncomfortable doing so.

## 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. Unverified and unpublished data provided by the practice showed that there were 11 patients on the practice's learning disability register, 64% (7) had received a review in the preceding 12 months and further reviews were scheduled.
- The practice reviewed patients at local care and residential homes.
- 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

- 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.
- Patients with poor mental health, including dementia, were referred to appropriate services. Same day and longer appointments were also 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.
- All staff had received dementia training in the last 12 months. 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) <sup>(QOF)</sup>	91.4%	93.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <sup>(QOF)</sup>	93.1%	93.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	7.7%	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) <sup>(QOF)</sup>	100.0%	86.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	40.0% (2)	6.0%	6.6%	N/A

#### Any additional evidence or comments

- We noted that exception rates regarding care plan reviews for patients with dementia were above local and national averages. During our inspection we saw evidence to confirm that these were based on a small cohort of patients and that an appropriate exception reporting process was followed in these instances.

#### 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)	554.8	546.1	537.5
Overall QOF score (as a percentage of maximum)	99.2%	97.7%	96.2%
Overall QOF exception reporting (all domains)	8.0%	6.1%	5.8%

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

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

The practice provided evidence of improved patient care and outcomes through clinical audits during our inspection. For example, we saw a repeated audit focussing on HbA1c tests (average blood glucose (sugar) levels) for female patients with a history of gestational diabetes; this type of diabetes relates to high blood sugar that develops during pregnancy. The aim of the audit was to ensure that patients with a history of gestational diabetes were offered relevant monitoring in line with guidelines recommended by the National Institute for Health and Care Excellence (NICE).

Audit records showed that through the audits first cycle, it was identified that the practice needed to improve its screening of diabetes in females with a history of gestational diabetes and out of 11 patients reviewed only two had had their blood glucose (sugar) levels checked in the preceding 12 months at the practice. We saw that an action plan was implemented to drive improvement, we noted that the remaining nine patients were invited to the practice for relevant tests. An alert was implemented on the practices patient record system to remind clinicians of testing requirements moving forward. Audit records highlighted that patients and clinicians were also educated on the need for HbA1c tests in line with NICE guidelines. The repeated audit showed that of 10 cases reviewed, all had been invited in for HbA1c tests and that the action plan and education following the initial audit had proven to be beneficial.

The practice also provided an additional completed audit which focussed on the monitoring of patients on high risk medicines. The initial audit highlighted that some patients were being monitored by secondary care but that the information was not readily available on the patient record system when their record was opened. In addition the practice identified that some patients who were overdue monitoring had high DNA rates (missed appointments).

We saw that a comprehensive action plan was introduced to help tackle and improve this area. The action plan included ensuring any overdue monitoring was actioned as a priority. A register of patients who were monitored in secondary care was also developed, prompts were also implemented as part of this system to remind clinicians to check monitoring results from secondary care in addition to those monitored in the practice. The practices system for monitoring patients on high risk medicines was also strengthened through a tighter diary management process. The repeated audit showed that all patients on specific high risk medicines such as DMARDS (also known as disease-modifying antirheumatic drugs) were up to date with their monitoring requirements.

#### **Any additional evidence or comments**

We noted that the team had introduced various new methods to monitor quality, performance and adherence to key systems and processes across the practice. These methods were initially implemented via the practice manager who joined the team in January 2019. We saw that these systems included:

- Continual monitoring of referrals to ensure there were no referrals pending
- Secondary checks to ensure timely scanning of correspondence on to the practices patient record system
- Summarising of new patient records to ensure back-logs were prevented
- Regular checks of the appointment system to ensure capacity met demand



- Monitoring of missed appointment numbers in both primary and secondary care, these were followed up with various actions where needed
- Weekly checking of cancer screening uptake for cervical, bowel and breast cancer screening

We saw that reports were generated as a result of these monitoring systems; any key issues were flagged up with the team so that action could be taken to improve where needed. The reports were further reflected on during formal practice meetings.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The practice manager monitored staff training needs and ensured staff were up to date with mandatory training, appraisals and any additional training. We saw systems in place to support this.</li> <li>• The practice manager explained that staff were empowered and encouraged to develop their skills, we noted that a member of the reception team was being supported to undertake training in phlebotomy (taking of blood) in the near future.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
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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) <small>(QoF)</small>	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We saw evidence to demonstrate that multidisciplinary, safeguarding and case review meetings took place. The practice explained that so far this year they had struggled to get attendance from all key health and social care professionals, such as health visitors. We noted attempts from the practice to engage and encourage attendance, during our inspection we discussed approaching the Clinical Commissioning Group (CCG) to see if they could offer any help and guidance in this area.</li> </ul>	

## 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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We saw evidence to support that patients receiving palliative care had information shared in a timely and effective way and received joined up care as required. The practice also adhered to Gold Standard Framework principles and demonstrated that they proactively identified patients with life limiting conditions to provide proactive and supportive care.</li> </ul>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions:	95.7%	96.1%	95.1%	No statistical variation

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>				
Exception rate (number of exceptions).	0.6% (3)	0.6%	0.8%	N/A

### Consent to care and treatment

**The practice was able to demonstrate that it obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: Discussions with clinical staff demonstrated that they understood best practice guidance for obtaining consent.	

## Caring

**Rating: Good**

### Kindness, respect and compassion

**We noted that feedback from patients was mostly positive about the way staff treated people.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: During our inspection we observed mixed feedback from patients through completed comment cards, patient survey results, conversations with patients and through other sources of feedback such as through NHS Choices. Some feedback was very positive with regards to care and treatment whereas other sources noted a decline in patient satisfaction at the time of our inspection, evidence provided following our inspection however demonstrated improvement.	

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment Cards	Most comment cards described a good service overall and staff were described as caring, friendly and helpful. However, there were some cards containing mixed feedback, for instance one card referred to challenges around making an appointment and one noted lack of continuity with regards to seeing the same GP.
Interviews with patients	Some patients we spoke with during our inspection described staff as caring, friendly and helpful. However, some commented negatively about their experience of care and treatment in some cases.
NHS Choices	The practice had received a three point five out of five-star rating based on 10 ratings and reviews. All comments received for the year so far were positive. Staff were described as helpful and friendly amongst the positive reviews provided.

## 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
3127	456	70	15.4%	2.24%

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 (01/01/2019 to 31/03/2019)	62.6%	86.9%	88.9%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	59.1%	85.5%	87.4%	Significant Variation (negative)
The percentage of respondents to the GP	71.6%	94.4%	95.5%	Significant

Indicator	Practice	CCG average	England average	England comparison
patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)				Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	67.2%	80.5%	82.9%	Tending towards variation (negative)

### Any additional evidence or comments

The results of the 2019 national GP patient survey were published shortly before this inspection took place.

The practice provided an action plan which focussed on embedding improvements following the 2018 patient survey, this survey reflected the period of January-March 2018. We saw that actions had been implemented to improve clinicians' communication and listening skills with patients, by reflecting and reviewing consultations. The practice recruited two new locum GPs to help with better continuity of care.

Our review of the recently published national survey however highlighted a decline in certain satisfaction rates. We discussed this with some staff members during our inspection. For example:

- The results for patients who felt that the healthcare professional was good or very good at listening to them had declined from 84.3% in 2018 to 62.6% in 2019.
- The results for patients who felt that the healthcare professional was good or very good at treating them with care and concern had declined from 68% in 2018 to 59.1% in 2019.
- The results for patients noting that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to had declined from 97% in 2018 to 71.6% in 2019.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice had declined from 72% in 2018 to 67.25 in 2019.

The practice had reviewed the recently published survey results and we saw that an internal targeted survey had been developed to focus on the areas that were below average in the recently published national GP survey.

Staff we spoke with explained that the recently published survey reflected a period of change at the practice, including staffing changes such as the recruitment of two new locum GPs, a healthcare assistant, practice manager, practice pharmacist and some changes in the reception and admin team. Members of the management team advised that the internal survey would be analysed and a new action plan developed once responses had been collated. Staff expressed that they felt the new internal survey results would be more positive, noting that patients were very complimentary about the practice changes and new staff members. We noted that this was also reflected in the practice's recent NHS Choices feedback.

At the time of our inspection visit the practice was in the process of collating their internal targeted patient survey responses for analysis. Following our inspection the practice provided evidence of the completed analysis and supporting action plan. We saw that the practice received a response rate of 341 which represented 11% of their registered patient list.

- 99% of the respondents noted that the health care professional they saw was good at treating them with care and concern.
- Almost all of the respondents (99.7%) highlighted that the health care professional they saw was good at listening to them, 71.3% described this area as very good and 28.4% described this as fairly good.
- 99.7% of the respondents responded positively with regards to confidence and trust in the last health care professional they saw during their appointment.
- In addition, most respondents highlighted that they were satisfied with the services at the practice, 74% noted that they would recommend the practice to others.
- Most respondents highlighted that they found the receptionist team to be helpful. Specifically, 69% described them as very helpful and 28.8% described them as fairly helpful.

Records of the supporting action plan showed that some actions had been completed, such as completing an in-house survey. Other ongoing actions included continuing to monitor patient feedback, such as via the NHS Friends and Family Test (FFT). The plans also noted that the practice would share their survey findings with their Patient Participation Group (PPG) and strive to improve uptake of the next national GP patient survey,

We also saw that one of the GP partners had a colleague survey completed, dated April 2019, 13 colleagues had completed the survey. Survey results showed that colleagues described their patient relationships as good and excellent, positive results were also reflected across other areas such as clinical knowledge, management and team work. We observed this during the inspection and further evidence was provided following our inspection.

Following our inspection the practice also provided evidence of a patient feedback report for both of the GP partners. Although one of these was dated as August 2018 and therefore prior to the latest national GP patient survey and in-house survey feedback, we saw that responses were positive. This was reflected across areas such as politeness of the GP and listening skills, We saw that out of 46 responses, 45 noted that they would happily see the GP again and one did not answer. The other patient feedback report was completed for another of the GP partners in January 2019, responses were positive overall. For instance, all patients felt that the GP made them feel relaxed during their appointment, most patients felt involved in decisions about their care and they felt listened to by the GP. All responses described the GP as caring

Amongst the individual GP surveys provided we saw that many positive patient comments and compliments were also made with regards to the GPs and the care they offered.

Overall the evidence provided following the inspection showed marked improvement in patient satisfaction.

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

### Involvement in decisions about care and treatment

#### Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw that the practice made use of and signposted patients to access support through local supportive schemes.</li> </ul>	

Source	Feedback
CQC Comment Cards	Comments cards highlighted that patients felt involved in the decisions about their care and treatment.
Interviews with patients	Although we received some positive comments about care, treatment and patient involvement in decision making during our inspection, we also noted some negative comments provided with regards to this area.

### 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 (01/01/2019 to 31/03/2019)	80.3%	91.9%	93.4%	Tending towards variation (negative)

### Any additional evidence or comments

The results of the 2019 national GP patient survey were published shortly before this inspection took place. The practice provided an action plan which focussed on embedding improvements following the 2018 patient survey, this survey reflected the period of January-March 2018. We saw that actions had implemented to improve. For instance, the practice recruited two new locum GPs to help with better continuity of care, and the forming of patient relationships to ensure that patients felt included in decisions about their care and treatment.

Our review of the recently published national survey however highlighted that the results for patients

who felt involved as much as they wanted to be in decisions about their care and treatment had declined from 87.1% in 2018 to 80.3% in 2019. Staff we spoke with explained that the recently published survey reflected a period of change at the practice. Members of the management team advised that the internal survey would be analysed and a new action plan developed once responses had been collated.

Following our inspection the practice also provided evidence of a patient feedback report for both of the GP partners. Although these were dated as August 2018 and January 2019, prior to the recently published national GP patient survey results; responses were positive overall and most patients noted that they felt involved in decisions about their care and they felt listened to by the GP.

In addition, at the time of our inspection visit the practice was in the process of collating their internal targeted patient survey responses for analysis. Following our inspection the practice provided evidence of the completed analysis which showed a response rate of 11% of their registered patient list. Overall, we noted that satisfaction rates were positive across various areas of care.

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

Carers	Narrative
Percentage and number of carers identified.	There were 26 carers on the practices register, this was just under 1% of the practice's population.
How the practice supported carers (including young carers).	There was a carers information available in the practice containing a range of supportive and signposting information. There was also information available for carers to take away. Carers were offered health checks, health screening and flu vaccinations. Carers were also signposted to carer support services.  In efforts to further improve support provided to carers the practice had liaised with the Birmingham Carers Hub and organised a carers event at the practice for carers to explore further support available to them, following our inspection the practice provided further information to confirm that this was an ongoing piece of a work with further carer events being arranged.
How the practice supported recently bereaved patients.	Bereaved patients were initially contacted by the GP where agreed with the individual and where appropriate the practice sent condolence letters to support recently bereaved patients. Patients were also signposted to support services for bereavement care. Staff we spoke with also advised



	that the GPs had cared for many of their patients through the generations and would where appropriate, attend funerals of their bereaved patients to offer condolences and further support.
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## Privacy and dignity

### The practice respected patients' privacy and dignity in most instances.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Although we noted arrangements to ensure confidentiality at the reception desk and during consultations, on the day of our inspection we identified a number of hard files (in paper record format) in an area of the practice which was accessible to patients and visitors. On further inspection we noted that some of the content within the files contained identifiable information. We raised this with a member of the management team and the files were moved to a secure area by the time we closed the inspection.</p>	

## Responsive

**Rating: Good**

### Responding to and meeting people's needs

#### The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Partial
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>During our inspection we discussed the practices staffing arrangements. These discussions took place following our previous inspection in December 2018 where we noted a limited provision of nursing services available to patients at the practice. Our observation of the practices staffing and appointment systems showed that patients had access to a GP at the practice five days a</li> </ul>	

week.

- We saw that a health care assistant had been recruited in January 2019 who provided care on Wednesday and Friday mornings. The practice nurses continued to work on Mondays, Wednesdays and Fridays. Members of the management team explained that there were plans for both the health care assistant and one of the practice nurses to increase their hours at the end of the summer.
- The practice had also made attempts to grow their GP and nursing teams by recruiting for a salaried GP post and a practice nurse position, managers explained that there was a potential for a Locum GP to join as a salaried GP but had thus far been unsuccessful in recruiting an additional practice nurse.
- Although we noted that patients could access nursing care and additional service through the My Healthcare Hub model, conversations with some staff highlighted that this was not necessarily actively promoted as an option to patients. For instance, staff did not assure us that patients were signposted to the Hub model in the event of needing nursing care when there were no nurses in the practice on a Tuesday and Thursday.
- Shortly after our inspection took place the practice expressed that following our inspection the team actively started to promote the Hub access further by displaying additional posters and by consciously giving patients more information over the phone and in practice. Receptionists had been advised to promote Hub options specifically on Tuesdays and Thursdays. In addition, the practice added a note on to the right hand side of their prescription stationary as a further way of informing patients about their Hub access.
- The practice offered services on the ground floor of a converted residential property. During our inspection we saw that there were two steps leading to consulting rooms two and three in the practice, staff assured us that patients with wheel chairs and/or mobility difficulties were seen in either of the two other clinical rooms where steps could be avoided. We saw that this was also assessed in the practices Disability Discrimination Act assessment where premises access was regularly monitored.

<b>Practice Opening Times</b>	
<b>Day</b>	<b>Time</b>
Opening times:	
Monday	8.30am – 7.30pm
Tuesday	8.30am – 7.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	9.30am – 6.30pm
Appointments available:	
Monday	9am – 12pm and 5pm to 8pm - extended access
Tuesday	9am – 12pm and 5pm to 8pm - extended access
Wednesday	9am to 12pm and 5pm to 6.30pm
Thursday	9am to 12pm and 5pm to 6.30pm
Friday	9am to 12pm and 5pm to 6.30pm
There was a GP on call for emergency appointments between 8am – 9am and during the afternoon	

between 12pm and 5pm. The practice was a member of My Healthcare Hub and was able to offer evening and weekend appointments across six local Hub sites. The practice also offered patients telephone consultations with either a GP or pharmacist based in MyHealthcare's Virtual Hub at one of the six Hub sites.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3127	456	70	15.4%	2.24%

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 (01/01/2019 to 31/03/2019)	82.8%	93.1%	94.5%	Variation (negative)

### Any additional evidence or comments

The results of the 2019 national GP patient survey were published shortly before this inspection took place. The practice provided an action plan which focussed on embedding improvements following the 2018 patient survey, this survey reflected the period of January-March 2018. We saw that actions had implemented to improve. For instance, the practice recruited two new locum GPs to help with better the forming of patient relationships and to help ensure that patients felt their needs were met.

Our review of the recently published national survey however highlighted that the results for patients who stated that at their last general practice appointment, their needs were met declined from 92.1% in 2018 to 82.8% in 2019. On discussing the survey results, staff explained that the recently published survey reflected a period of change at the practice. Members of the management team advised that the internal survey would be analysed and a new action plan developed once responses had been collated.

## 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 provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- Older and vulnerable patients had a direct telephone access to the reception team for appointments or to speak to a clinician.

## People with long-term conditions

Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice operated a virtual diabetic clinic and offered insulin initiation as well as pre-diabetic screening.
- 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: Good

### Findings

- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held baby clinics for immunisations and six and eight-week development checks.
- Evening and weekend appointments were available through the My Healthcare Hub model.

## 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.
- The practice was a member of My Healthcare Hub and was able to offer evening and weekend appointments across the local Hub sites.
- The practice also offered patients telephone consultations with either a GP or pharmacist based in My Healthcare's Virtual Hub at one of the Hub sites.

## People whose circumstances make them vulnerable

Population group rating: Good

### Findings

- There was a GP lead in place for vulnerable patients. 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.

- Older and vulnerable patients had a direct telephone access to the reception team for appointments or to speak to a clinician.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Vulnerable patients were signposted to services for help and support and could also access support through local social prescribing schemes.

**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 we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

**Timely access to the service**

**People were mostly able to access care and treatment in a timely way.**

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The practice operated an effective system for managing home visit requests, each request was reviewed by a GP who contacted the patient/carer to triage and attend if appropriate.</li> </ul>	

**National GP Survey results**

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 (01/01/2019 to 31/03/2019)	73.1%	58%	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to	55.3%	61.7%	67.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
the overall experience of making an appointment (01/01/2019 to 31/03/2019)				
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	51.4%	61.5%	64.7%	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 (01/01/2019 to 31/03/2019)	67.3%	69.3%	73.6%	No statistical variation

### Any additional evidence or comments

The results of the 2019 national GP patient survey were published shortly before this inspection took place.

The practice provided an action plan which focussed on embedding improvements following the 2018 patient survey, this survey reflected the period of January-March 2018. We saw that actions had implemented to improve satisfaction and patient experience such. Actions included completion of customer care training by staff on the front desk. The practice had also changed the availability of their same day and pre-bookable appointments to meet the demand of their patients needs and preferences. The practice also undertook further training for reception to ensure patients were directed to the most appropriate care to address their symptoms and staff were encouraged to offer choice and longer appointments where needed. We also noted that this was promoted to patients in the practice through posters.

The practice had reviewed the recently published survey results and we saw that an internal targeted survey had been developed to focus on the areas that were below average in the recently published national GP survey. Our review of the recently published national survey highlighted a decline in certain satisfaction rates. We discussed this with some staff members during our inspection. For example, the results for patients who were very satisfied or fairly satisfied with their GP practice appointment times had declined from 67.5% in 2018 to 51.4% in 2019.

Staff we spoke with explained that the recently published survey reflected a period of change at the practice, including a number of staffing changes. Members of the management team advised that the internal survey would be analysed and a new action plan developed once responses had been collated.

In other areas of the 2019 survey we noted improved satisfaction rates. For instance the results for patients who were satisfied with the type of appointment (or appointments) they were offered had improved from 59.6% in 2018 to 67% in 2019. We also noted that the results for getting through to the practice by telephone were consistently above local and national averages. Other positive results included offering patients a choice of appointment which was at 63% compared to the local average of 57% and the national average of 62%. This highlighted improvements as a result of the practice's action plan following the 2018 survey.

At the time of our inspection visit the practice was in the process of collating their internal targeted

patient survey responses for analysis. Following our inspection the practice provided evidence of the completed analysis which showed a response rate of 11% of their registered patient list. Overall, we noted that satisfaction rates were positive across various areas of care. Most patients noted that they were very satisfied with the services at the practice.

Source	Feedback
CQC Comment Cards	Most comment cards described a good service overall, one card highlighted lack of continuity in being able to see the same GP and other noted problems with appointment availability.
Interviews with patients	Some of the feedback we received during the inspection highlighted problems in getting through to the practice via telephone. Feedback also highlighted that patients were not fully aware that they could access other appointments at various times through the Hub model.
NHS Choices	All comments received for the year so far were positive, some comments highlighted that patients had noticed improvements in the practice and that they would recommend the practice to others.
NHS Friends and Family Test (FFT)	Results from the NHS FFT published on NHS Choices highlighted a 100% satisfaction rate, based on 18 responses all would recommend the service to friends and family members.  A monthly breakdown of the practices NHS FFT results was also provided by the practice during the inspection process. This highlighted that for 2019 so far, 100% satisfaction rates were achieved in January, April and June. In February the practice achieved an 88% satisfaction rate, in March a 92% satisfaction rate and in May a 90% satisfaction rate. Therefore demonstrating that most respondents were satisfied and would recommend the service to friends and family members.

## 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.	10
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>Information about how to make a complaint or raise concerns was available in the practice waiting area. There was a complaints policy and form (available on request) which could be used to capture verbal and hand-written complaints.</li> </ul>	

- The practices complaints policy reflected NHS complaints guidelines and patients were also signposted to further support services in the event that they wished to gain additional advice or escalate their concerns further.
- Minutes of practice meetings demonstrated that complaints, outcomes, actions, learning and themes were discussed at practice meetings.

Example of learning from complaints.

Complaint	Specific action taken
Complaint made regarding a cancellation of their appointment and the format of information given about their care and treatment needs.	An investigation was completed involving all parties involved. It was noted that the appointment was cancelled with a member of the clinical team due to a personal emergency and an alternative appointment was offered. An apology and an explanation was provided to the complainant. The patient was also provided with re-formatted information to take away regarding their care and treatment. The complaint was reflected on further as a team during a practice meeting.

## Well-led

## Rating: Requires Improvement

Following our previous inspection in December 2018 we rated the practice as Inadequate for providing well-led services. The practice is now rated as Requires Improvement for providing well-led services. We noted significant improvement in certain areas however we identified that areas such as record keeping that required further improvements embedding.

### Leadership capacity and capability

**There was evidence of compassionate, inclusive and effective leadership in place.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

Explanation of any answers and additional evidence:

- During our inspection members of the management team discussed practice business and succession planning. Although no formal plans were evidenced on the day of our inspection, shortly after our inspection took place a formal business plan was provided. We noted that the content of the plan reflected the conversations with managers during our inspection and that the plan supported that leaders understood the challenges to quality and sustainability.
- For example, succession plans referred to a long term strategy to expand the practice partnership in the coming year by aiming to add two additional GP partners to the present partnership. The practice was in negotiations with two GPs with regards to this area of the plan.
- We noted that sustainability future practice plans had also been discussed as part of one of the GP partners recent appraisals.
- We also saw that a health care assistant had been recruited in January 2019 and there were plans for the health care assistant and one of the practice nurses to increase their hours at the



end of the summer.

- The practice had also made attempts to grow their nursing team by recruiting for a practice nurse position, managers explained that so far, they had been unsuccessful this recruitment, but they were continuing to advertise for a position.
- Some of the clinical team such as two of the GPs and the two practice nurses were employed on a long-term locum basis, we saw that the practice had introduced formal agreements to support these working arrangements and to support the ongoing commitment and sustainability of these working arrangements.

## Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• Shortly after our inspection took place a formal business plan was provided. The vision within the plan included to ensure the long-term sustainability of the practice and in summary, to provide patients with high quality care.</li> <li>• We noted that the practice was aiming to expand the partnership in the coming year and that they would continue to engage and work with their local Clinical Commissioning Group, the My Healthcare federation and their locality; the Pershore Primary Care Network (PCN) and their patients as part of their business model and forward plan approach.</li> <li>• Although the formal business plan was provided shortly after our inspection, we noted that conversations with staff from various areas of the practice on the day of our inspection was reflective of the practice's vision and strategy.</li> </ul>	

## 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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y

There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: N/A	

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

Source	Feedback
Interviews with staff	We noted a theme in positive feedback from the staff and that the team was very loyal and committed to the practice. Staff described the practice as a positive, friendly and an open environment in which to work. Staff expressed that they were confident to raise concerns and to make suggestions at work. Locum staff expressed that they enjoyed working with the practice. Management described the team as hard working, flexible and adaptable; management confirmed that they felt fully valued and supported in 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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: We noted that the practice had strengthened their governance systems in areas pertaining to defined roles and clearer lines of accountability. For instance, there were deputies in place to ensure that an accountable member of staff was always on hand to deal with specific issues; this was reflected across our reviews of infection prevention and control as well as processes associated with safety alerts.	
<ul style="list-style-type: none"> <li>• During our inspection we identified a number of hard files (in paper record format) in an area of the practice which was accessible to patients and visitors. On further inspection we noted that some of the content within the files contained identifiable information. We raised this with a member of the management team and the files were moved to a secure area by the time we closed the inspection.</li> <li>• Shortly after our inspection took place the practice provided a copy of their updated policy</li> </ul>	

covering confidentiality and information security. We noted that this had a disclaimer at the end for staff to read and sign and that the content followed good practice information management and data protection principles.

### Managing risks, issues and performance

**There were processes in place for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: N/A	

### Appropriate and accurate information

**The practice did not demonstrate that they always acted on appropriate and accurate information.**

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Partial
Our inspection indicated that information was accurate, valid, reliable and timely.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Our review of the patient record system highlighted two cases with a lack of diagnosis coded and no evidence of a full assessment or advice given to the patient.</li> </ul>	

### Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y

Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Although we saw that the practice had acted in efforts to improve patient satisfaction, our review of the recently published national survey at the time of our inspection highlighted a decline in certain satisfaction rates. Following our inspection the practice provided evidence of their completed analysis for their in-house survey which was completed following the most recent publication of the national GP patient survey. The evidence provided following the inspection showed marked improvement in patient satisfaction.</li> <li>We saw evidence of regular meetings happening within the practice where staff could contribute towards the planning and delivery of services. We saw that in-between meetings staff had access to minutes and agendas.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
We spoke with a member of the Patient Participation Group (PPG) during our inspection, they noted that they felt involved in the practice and could contribute to practice decisions. Formal PPG meetings took place on a regular basis, themes from complaints and incidents were shared with the PPG. We saw that the practice's internal survey was developed in consultation with the PPG. PPG members also attended the practice to help patients in completing their surveys, as well as with the NHS Family and Friends Test.

### Continuous improvement and innovation

**There was some evidence of systems and processes for learning and continuous improvement.**

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice shared learning from significant events and complaints through practice meetings and with practices in the locality. The practice also discussed patient satisfaction results at meetings, clinical audits and quality performance to identify areas for improvement. In addition, themes from these areas were shared with the PPG.</p> <p>The practice was part of the Clinical Practice Research Datalink (CDPR) and an active member of the Clinical Research Network (CRN). Examples and outcomes were not evidenced during the inspection however the practice noted that they actively took part in clinical research projects.</p>	

Examples of continuous learning and improvement
The practice engaged with their local Clinical Commissioning Group (CCG) and had cooperated in implementing a number of improvements supported by the CCG practice support team. We noted many improvements to systems and processes which included improved monitoring of medicines with support from the newly appointed practice pharmacist and improved management of operations and human resources with support from the new practice manager in post at the time of our inspection.

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.