

Care Quality Commission

Inspection Evidence Table

Braithwell Road Surgery (1-3910418013)

Inspection date: 1 August 2019

Date of data download: 23 July 2019

Overall rating: Requires Improvement

At the last inspection in 17 December 2018 we rated the practice as requires improvement overall and for providing safe, effective and well led services because:

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of medicines requiring refrigeration.
- Recruitment procedures had not been followed in the recruitment of non-clinical staff.
- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Whilst the practice had a clear vision and strategy there was a lack of monitoring to ensure objectives were achieved.
- The overall governance arrangements were not always effective.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups, so we also rated all population groups as requires improvement.

At the inspection in August 2019 we found most areas requiring improvement had been addressed and the practice is now rated as good for effective services. However, the practice as remains as requires improvement overall and for providing safe and well led services. This is because:

- We were not assured all safety alerts had been received or actioned.
- While there had been improvement overall and the practice manager had been proactive addressing findings from the last inspection the providers involvement in monitoring progress had been minimal.

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

Safe

Rating: Requires improvement

We rated the practice as **requires improvement** for providing safe services because:

- We were not assured all safety alerts had been received or actioned.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	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(1)
Partners and staff were trained to appropriate levels for their role.	Y(2)
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(3)
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial(4)
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
<p>Explanation of any answers and additional evidence:</p> <p>(1) The safeguarding policy and procedure had been reviewed and updated.</p> <p>(2) We were told the lead GP had attended training in February 2019 although a certificate had not been issued to evidence this. During the inspection the CCG sent written confirmation of their attendance at the February training. Following the inspection, a certificate was provided to evidence the Locum (previously salaried) GP had also attended level 3 training in December 2018. We saw evidence non-clinical staff and nurses had also completed the eLearning safeguarding training since the last inspection.</p> <p>(3) At the last inspection the child at risk register was not being actively used. At the August 2019 inspection we observed there had been recent activity on the child at risk register and we were told the information was being reviewed by clinicians to ensure this was kept up to date.</p> <p>(4) At the last inspection the practice policy and procedure relating to DBS checks had not been followed in respect of two non-clinical staff employed. At the August 2019 inspection the practice manager told us they had checked all the staff files to ensure DBS checks had been undertaken and had resolved one issue where this had not been completed. We found one member of staff with a standard DBS had recently commenced training for additional duties which now required an enhanced DBS, this had not been completed and a risk assessment had not been undertaken. The practice manager told us the member of staff had been shadowed during this period. The practice manager told us they would complete an enhanced DBS check immediately and the member of staff would not commence duties alone until this was received.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial(1)
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y (2)
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y(3)
<p>Explanation of any answers and additional evidence:</p> <p>(1) At the last inspection the practice policy and procedure for recruitment had not been followed in respect of obtaining references and DBS checks for two staff prior to employment and a health assessment had not been completed. At the August 2019 inspection the references and DBS checks had been obtained. The practice manager had also taken action to ensure these were in place for all other staff although one now required an enhanced DBS due to a change in duties. There was no evidence a process had been implemented to ensure health assessments were completed. Following the inspection, the practice manager provided a health assessment template that had been developed, and they told us staff had been requested to complete this. We were unable to test the recruitment procedures fully as no new staff had been employed since the last inspection. We will review this again at the next inspection.</p> <p>(2) At the last inspection staff vaccination information was not available for GPs or non-clinical staff in line with the Department of Health Immunisation against infectious disease guidance (the Green Book). At the August 2019 inspection there was no evidence this information had been obtained for the GPs, but we were told it had been requested. Evidence was provided after the inspection that this information had been obtained.</p> <p>(3) At the last inspection registration of clinical staff had been checked prior to employment but there were no systems to regularly check these were up to date. At the August 2019 inspection we observed copies of registration information were held on file and a system to check these were maintained up to date was in place.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: 8 November 2018</p>	Y
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: 8 November 2018</p>	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y (4)
There was a fire procedure.	Y

There was a record of fire extinguisher checks. Date of last check:	N(1)
There was a log of fire drills. Date of last drill:	N (1)
There was a record of fire alarm checks. Date of last check:	N(1)
There was a record of fire training for staff. Date of last training: 2018/19	Y (3)
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: February 2017 and updated February 2019	Y
Actions from fire risk assessment were identified and completed.	Y(2)
<p>Explanation of any answers and additional evidence:</p> <p>(1) Maintenance of the fire systems was undertaken by an external company arranged by the landlord. The practice manager told us the fire alarm was checked weekly and fire drills were arranged annually by this company. The records relating to these checks were held by the care taker and were not available on the day of inspection in August 2019.</p> <p>(2) The landlord also completed a fire risk assessment, but at the last inspection the practice had not reviewed this to identify and manage their responsibilities as a tenant of the building. At the August 2019 a copy of the fire risk assessment had been obtained and reviewed and the actions relevant for completion by the practice had been completed for example, portable appliance testing.</p> <p>(3) At the last inspection there was no evidence of any fire training undertaken by staff since 2016 although information provided by the practice indicated this should be completed annually as part of their mandatory training. At the August 2019 inspection we observed staff had completed eLearning fire training. There was evidence the practice had communicated with the landlord and caretaker in relation to fire warden training which was due and provided as part of their tenancy. We observed evidence of the difficulties the practice manager had experienced obtaining information from the landlord and caretaker.</p> <p>(4) At the August 2019 inspection we found whilst the practice did not store any chemicals they did use liquid nitrogen for some procedures which they shared with the neighbouring practice. There was no risk assessment for the use of this chemical whilst in the practice. Following the inspection, the practice provided evidence they had completed an assessment for the use of this chemical.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: February 2019	Y

Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: February 2019	Y
Explanation of any answers and additional evidence: (1) At the last inspection staff could not access health and safety risk assessment documents due to lack of knowledge of where these were stored in the electronic filing systems. They were not aware of which assessments had been completed or if the ones found were the most recent documents. They told us they would review this area however, they had not received training in health and safety risk assessment. At the August 2019 inspection the risk assessments had been located and reviewed and updated. The practice manager had commenced certificated health and safety training and eLearning modules relating to health and safety had been completed by staff.	

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(1)
Infection prevention and control (IPC) audits were carried out. Date of last IPC audit: Clinical waste audit September 2018. The last full IPC audit was completed in December 2018. The audit showed that no shortfalls had been identified.	Y(2)
The practice had acted on any issues identified in infection prevention and control audits.	NA
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: (1) At the last inspection we found IPC training had not been provided since 2017. At the August 2019 inspection IPC training had been provided by the practice nurse to all but one member of staff in February 2019. The eLearning training had also been completed by 4 staff. (2) At the last inspection fabric privacy curtains were used in consultation rooms and these required changing/cleaning every six months. The practice was not aware of when these were last changed or who was responsible for this and it was not included in the IPC audit. At the August 2019 inspection records showed the curtains had been changed in May 2019 and the IPC policy had been updated to reflect this. The checking of curtains had also been added to the IPC audit but with the incorrect timescale for changing of annually rather than six monthly. The practice manager said they would change this. We found the practice to be clean and tidy throughout.	

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(1)
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.	N(2)
<p>Explanation of any answers and additional evidence:</p> <p>(1) At the last inspection we found reception staff had not been given any specific information about Sepsis and actions to be taken if this was suspected. At the August 2019 inspection there was evidence the practice nurses had attended external training in Sepsis in April 2018. GPs were still to attend formal sepsis training. We were told the Sepsis training was to be shared with other staff by the nurses at the next learning event in August 2109. Since our last inspection the practice had changed how it managed requests from patients for appointments and all requests were triaged by a clinician other than for children under two years who were always booked in with the GP on the same day.</p> <p>(2) A new practice manager had been appointed in April 2018, but at the last inspection the provider had no formal process to monitor and assess their progress in the role and no oversight to ensure systems and processes were adequately maintained. At the August 2019 inspection there was evidence the practice manager had had an appraisal with the provider and a training plan had been discussed. The practice manager had attended training relevant to their role, such as health and safety. They had also undertaken a three-month mentorship programme provided by NHS England which had offered support in the management role.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
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Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
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

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) (NHS Business Service Authority - NHSBSA)	1.14	1.02	0.88	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2018 to 31/03/2019) (NHSBSA)	5.8%	6.3%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) (NHSBSA)	6.91	6.24	5.61	Tending towards variation (negative)
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)	2.75	2.32	2.07	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(NHSBSA)				

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y(3)
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 supervision or peer review.	Y
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(1)
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y(2)
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
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(2)
For remote or online prescribing there were effective protocols for verifying patient identity.	NA
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(4)
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(3)
Explanation of any answers and additional evidence:	
(1) At the last inspection we found the up to date record for monitoring high risk medicines was only available on the member of staff computer system who was responsible for this, the records	

Medicines management	Y/N/Partial
<p>available to other staff were eight months out of date. At the August 2109 inspection we found the records had been made accessible to all, were up to date and showed patients had been monitored appropriately.</p> <p>(2) At the last inspection the practice relied on the CCG pharmacist advice monitor prescribing but had no ongoing reviews or actions of their own. At the August 2019 inspection we found there was little change in this area and data, other than for prescribing for urinary tract infection, was comparable to others. An additional pharmacist was also working at the practice to assist with medicines management funded through the primary care network (PCN). We observed a number of prescribing audits and searches had been undertaken to monitor the quality of the service.</p> <p>(3) We found vaccine fridge temperature monitoring records had not been maintained appropriately at the last inspection. Action had not been taken when there may have been a cold chain failure. At the August 2019 inspection the fridge records had been appropriately maintained and there were arrangements in place to ensure cover was provided if staff were not available to take the temperatures.</p> <p>(4) At the August 2019 inspection the emergency drugs trolley could not be accessed by either the GP or the practice manager due to them being unable to remember the combination to the lock on the trolley. This was eventually remembered, and the provider told us they would review this system immediately to ensure this could not happen again. Following the inspection, the practice manager provided photographic evidence of the actions taken to address this issue.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	9
Number of events that required action:	9
Explanation of any answers and additional evidence:	
The practice had acted appropriately in respect of the individual incidents and a trend analysis was maintained.	

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

Event	Specific action taken
Patient over ordering of prescription for pain relief.	GP reviewed the patient and adjusted the timescales in which the medicines could be ordered.
Blood results identified as outside recommended range for patients prescribed blood thinning medicines.	Patients were contacted and reviewed, and medicines adjusted as required.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial(1)
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>(1) A recommendation at previous inspection to review the system for management monitoring of medical alerts had not been acted upon. At the inspection in August 2019 we found the practice manager had implemented a system which would enable them to monitor alerts. The previous practice manager had received the safety alerts before they left, however, practice had not been receiving all the safety alerts they should have since. Only two alerts had been received since the last inspection, which, we were told were provided by the pharmacist who worked at the practice. We found neither the lead GP nor the current practice manager were signed up with the agencies who provided safety alerts. There was some evidence previous alerts had been acted on. For example, the practice manager provided evidence they had completed a search of patients prescribed sodium valproate and identified there was no one at risk prescribed this medicine. Following the inspection, the practice manager told us they had completed the process to receive safety alerts and provided evidence the CCG medicines management team pharmacist had confirmed that they had assisted the practice on some alerts.</p>	

Effective

Rating: Good

At the inspection in December 2018 we rated the practice and all population groups as **requires improvement** for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- These areas affected all population groups, so we rated all population groups as requires improvement.

At the inspection in August 2019 we found these areas had been satisfactorily addressed.

Effective needs assessment, care and treatment

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

pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
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 digital and information security standards.	NA
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice used local and national guidelines such as Rotherham CCG guidelines and National Institute for Health and Care Excellence (NICE) guidance and they were able to access these electronically. Staff also used assessment and care templates within the electronic patient record system to ensure consistency and implementation of up to date guidance. 	

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>	0.95	0.79	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. A monthly multi-disciplinary meeting was held to discuss these patient's 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.

- New patient health checks were provided.
- 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.
- The practice was working with patients with COPD to complete their annual reviews before September to ensure a full breathing assessment could be completed before the impact of cold weather or winter infections which may impact on the patient's ability to engage with the process.
- 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.
- 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.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	72.4%	71.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	6.7% (15)	7.3%	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>	70.8%	72.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.1% (16)	6.1%	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>	81.2%	79.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.0% (18)	10.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.0%	74.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.7% (6)	3.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.9%	85.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	8.8% (13)	6.4%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.9%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.5% (11)	2.3%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.7%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	5.8%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were slightly below the World Health Organisation (WHO) targets in three of four areas. The practice nurse monitored the uptake of immunisations and followed up patients who did not attend.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- 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)	35	35	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)	40	45	88.9%	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)	40	45	88.9%	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)	40	45	88.9%	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>

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks. NHS checks for patients aged 40 to 74 had been contracted to another provider by the CCG but the practice offered health checks on request.
- 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. The practice provided telephone triage by a clinician on request for an appointment to ensure the most appropriate service was provided.

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) <small>(Public Health England)</small>	77.4%	76.1%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) <small>(PHE)</small>	80.0%	73.7%	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) <small>(PHE)</small>	57.5%	55.9%	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) <small>(PHE)</small>	61.5%	72.1%	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) <small>(PHE)</small>	41.2%	48.3%	51.9%	No statistical variation

Any additional evidence or comments

The practice nurse had completed training to undertake samples for cervical screening. Patients who did not attend for cervical screening were followed up.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. Data showed the practice had only completed two of the 41 reviews due for patients with a learning disability. However, they told us this was because they had been concentrating on completion of annual reviews for patients with COPD to get these completed before winter to maximise engagement with the process.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

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. Performance data in these areas was higher than local or national averages.
- At the last inspection on 17 December 2018 we found the up to date records to monitor patients prescribed high risk medicines and records were maintained but were only available to one member of staff. At the July 2109 inspection we found the records had been made accessible to all, were up to date and showed patients had been monitored appropriately.
- Same day and longer appointments were offered when required.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All but three staff had received dementia training in June 2019.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in	91.3%	86.1%	89.5%	No statistical variation

the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.0% (0)	6.3%	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) <small>(QOF)</small>	100.0%	85.9%	90.0%	Variation (positive)
Exception rate (number of exceptions).	0.0% (0)	3.7%	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) <small>(QOF)</small>	100.0%	82.2%	83.0%	Variation (positive)
Exception rate (number of exceptions).	5.0% (1)	6.9%	6.6%	N/A

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)	534.5	530.1	537.5
Overall QOF score (as a percentage of maximum)	95.6%	94.8%	96.2%
Overall QOF exception reporting (all domains)	3.5%	4.5%	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.	P
Quality improvement activity was targeted at the areas where there were concerns.	P
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

- At the August 2019 inspection we saw that that improvement had continued in this area. We reviewed several documents provided as evidence of work undertaken since December 2018 to monitor the quality of care. This included a two-cycle audit of patients prescribed a disease modifying anti-rheumatic medicine to check they had been referred to the optician for an eye test where this was indicated and several searches to check prescribing in high risk areas.
- Whilst there had been improvement work in response to our findings at the last inspection there had been a lack of oversight by the provider to ensure improvements had been made.

Effective staffing

The practice was able 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At the August 2019 inspection we saw improvement in provision of training and monitoring systems. Staff had accessed the eLearning programme and training sessions had been provided at the monthly protected learning afternoons. Training such as fire safety, infection prevention and control and health and safety had been completed by most staff. A central training matrix had been maintained and the training files had been improved and certificates and/or signing in sheets were available to evidence training attended. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams	Y

and organisations, were involved in assessing, planning and delivering care and treatment.	
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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	NA

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	98.6%	95.9%	95.1%	Variation (positive)
Exception rate (number of exceptions).	0.6% (6)	0.5%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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.	NA
Explanation of any answers and additional evidence:	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	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

CQC comments cards	
Total comments cards received.	24
Number of CQC comments received which were positive about the service.	22 Two were about the NHS system as a whole not the practice
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patients	All comments received about the practice were extremely positive about the care and treatment they received. They were very positive about all the staff and felt they were listened to. They said the staff were kind and helpful.

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
3356	308	109	35.4%	3.25%

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)	96.0%	89.9%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	94.9%	88.7%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	100.0%	96.8%	95.5%	Variation (positive)
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)	95.2%	83.4%	82.9%	Tending towards variation (positive)

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	N
Any additional evidence	
The practice monitored the GP survey and friends and family test results. These surveys showed the practice scored highly in all areas for patient satisfaction. The friends and family test showed that, from 1175 responses in the last 12 months, 95% would recommend the practice to their family and friends. The practice had acted on negative feedback about the care navigation system which had been implemented in 2018 and they had introduced a clinical triage system in response.	

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

Source	Feedback
Patients.	Patients told us they had enough time in appointments and felt listened to by all staff.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	97.6%	93.7%	93.4%	No statistical variation

	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: The practice manager told us information in different formats and languages would be available on request. The practice web site, which included some practice policies and procedures such as the complaints procedure, could be translated into different languages.	

Carers	Narrative
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Percentage and number of carers identified.	24 carers were identified on the carers register which was 0.7% of the patient population. This was a significant reduction from the previous inspection 7% and the practice manager said they had been reviewing patient records to ensure they accurately reflected the caring role.
How the practice supported carers (including young carers).	Information about advice and support organisations was displayed for carers and flu clinics were offered.
How the practice supported recently bereaved patients.	The GP contacted patients by telephone.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	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

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
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
Explanation of any answers and additional evidence:	

The appointment system was flexible to meet people's needs. For example, telephone consultations were available for patients who could not access the service during opening hours and home visits were available for patients who could not attend the practice due to complex needs.

The practice held monthly multidisciplinary meetings to assist with sharing information and coordination of care with other services for patients with complex needs.

The practice were aware of their patients communication needs and were able to access relevant information to support them as required.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday - Friday	Variable times during opening hours for both nurse and GPs.
Patients also had access to appointments at local hub surgeries 6.30pm until 8.30pm Monday to Friday and Saturday and Sunday mornings. These appointments were booked via the practice.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3356	308	109	35.4%	3.25%

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)	100.0%	95.3%	94.5%	Variation (positive)

Any additional evidence or comments

All GP survey data relating to GP appointments showed patients were satisfied with the appointment

system. This was also confirmed by patients' comments received during the inspection.

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, we were told the GP would respond quickly to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

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 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.

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 offered online services including booking appointments and repeat prescription

ordering and an electronic prescription service.

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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:	

GPs received the request for a home visit and they prioritised these according to need.

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)	70.5%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	60.4%	66.3%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	58.5%	63.8%	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)	80.1%	72.8%	73.6%	No statistical variation

Any additional evidence or comments

The practice they told us they had implemented care navigation by reception staff, but the patient's feedback to the practice was that they didn't like the system. In response to this feedback, in March 2019, the practice had then introduced a clinical triage system in which all requests for an appointment were put to a clinician who called the patient back and then arranged an appointment as required. Patient comments received during the inspection were positive about the appointment system.

Listening and learning from concerns and complaints

Systems were in place to ensure complaints would be listened and responded to and used to improve the quality of care.

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

	Y/N/Partial
Information about how to complain was readily available.	Y(1)
There was evidence that complaints were used to drive continuous improvement.	N(2)
Explanation of any answers and additional evidence:	
<p>(1) At the last inspection information about how to escalate a complaint if a patient was not satisfied with the practice response was not included in the complaint's procedures. The practice manager told us they would review and update this, but it had not been completed at the August 2019 inspection. The practice manager sent us an updated procedure with this information after the inspection.</p> <p>(2) As there had been no complaints we could not assess if complaints would drive improvement.</p>	

Well-led

Rating: Requires improvement

At the inspection in December 2018 we rated the practice as **requires improvement** for providing well-led services because:

- While the practice had a clear vision and strategy there was a lack of monitoring to ensure objectives were achieved.
- The overall governance arrangements were not always effective. The practice did not have clear and effective processes for managing risks.

At the August 2019 inspection we rated the practice as **requires improvement** for providing well-led services because:

- While systems to improve management of safety alerts had been put in place we were not assured all alerts had been received or actioned.
- While there had been improvement overall and the practice manager had been proactive addressing findings from the last inspection the providers involvement in monitoring these objectives were achieved had been minimal.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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:	
<ul style="list-style-type: none"> • At the last inspection whilst the provider was supportive there had been a lack of oversight to ensure the systems and processes already in place were maintained. There was also a lack of training and mentoring to ensure new staff could develop the skills and knowledge necessary for their role. The 	

practice manager had identified shortfalls in some areas such as staff training and supervision and had put systems in place to ensure these would be addressed. However, there was little evidence the provider had overseen the progress towards improvements required at the April 2018 inspection and to ensure systems and processes were adequately maintained.

At the August 2019 inspection we found most areas for improvement had been addressed. However, there was little evidence the provider had overseen the progress towards improvements required. For example, there was no record of any meetings with the practice manager and a lack of action planning to monitor and review the process.

The practice manager had been proactive in sourcing external support and training and acting on the December 2018 inspection findings.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	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.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At the last inspection there was a lack of monitoring in some areas related to health and safety and staff training and the provider had not monitored and assessed the progress towards resolving the shortfalls identified at the last inspection. At the August 2019 inspection we found most areas identified for improvement had been addressed although there was little evidence the provider had overseen this process. The practice had continued to focus on provision of patient centred care. Data showed the practice had maintained good outcomes for patients and high levels of patient satisfaction and both areas The practice had plans in place to manage future staff changes. 	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
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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(1)
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(2)
The practice had access to a Freedom to Speak Up Guardian.	N
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>(1) The practice had a displayed a poster in the waiting room to inform patients about duty of candour and they could expect from the practice in relation to this. They also had a copy of the General Medical Council (GMC) guidance to support and inform practice in this area but had not developed a practice specific policy. The practice manager told us they would develop this.</p> <p>(2) The practice had a whistle blowing policy and a copy of the NHS Improvement Raising Concerns (Whistleblowing) Policy which was accessible to staff although these policies were not incorporated into a practice specific policy. They had not identified a Freedom to Speak Up Guardian in relation to this policy.</p>	

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

Source	Feedback
Staff	Staff told us they felt supported by the management and said they worked well as a team. They said they felt involved in the practice and had regular meetings.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management although there was a lack of provider involvement to ensure these were operating as intended.

	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.	Partial(1)

Explanation of any answers and additional evidence:

- At the last inspection the practice was in the process of reviewing the policies and procedures but some related to health and safety could not be located on the electronic systems and policies relating to recruitment and management of medicines requiring refrigeration had not been followed. At the August 2019 inspection we found there had been improvements in these areas and the practice manager had reviewed the majority of the policies and procedures although still needed to incorporate some good practice guidance into practice specific policies.
- (1) At the August inspection we found the provider had no awareness they were not receiving safety alerts and there were no arrangements for any practice staff or the provider to receive alerts.

Managing risks, issues and performance

There were processes for managing risks, issues and performance although these were not effective for the management of safety alerts.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
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.	Partial
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:

At the last inspection we found:

- We found there had been some recent audit activity in relation to medicines, but this had not resulted in significant improvements or changes.
- Risk assessment activity was limited due to lack of oversight and provider awareness and the limited induction of a new manager in the risk assessment processes in place.
- Staff had received some training for emergencies such as basic life support and had received some fire safety instruction via the landlord through fire drills and in previous years training, but the practice had not provided refresher training in 2018.

At the August 2019 inspection we found:

- Increased clinical audit to monitor the quality of care provided. Activity was mainly in relation to management of medicines.
- The practice manager had been proactive in reviewing and updating risk assessments to improve this area.
- The practice had provided refresher training through eLearning and via protected learning days. The practice manager had monitored training completed.

However, we found the process for managing safety alerts had not been maintained as following the

previous managers departure no one had been receiving these and this had not been identified. Some work had been completed in respect of medicine safety alerts by the pharmacist from the CCG medicines team although it was not clear from practice records which alerts had been acted on. Following the inspection, the practice manager told us they had arranged to receive safety alerts.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At the last inspection data relating to areas such as staff training was not up to date to enable the provider to monitor these areas. At the August 2019 inspection we found action had been to improve this area and the training matrix had been maintained. At the last inspection the provider's oversight, and practice manager's knowledge of arrangements for the management of health and safety risks was limited and systems and processes had not always been kept up to date. At the August 2019 inspection we found the practice manager had been proactive in addressing this area and had undertaken training to assist them to improve. <p>At the August 2019 inspection we also found:</p> <ul style="list-style-type: none"> The practice used information and data to check progress against targets and information from national surveys to assess patient satisfaction. The practice data for these areas showed above average levels of achievement. 	

Engagement with patients, the public, staff and external partners

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

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

needs of the population.	
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At the previous inspection we recommended the practice review and improve patient engagement as the provider did not have a patient participation group (PPG). The provider told us there had been a lack of interest from patients to start a group. Information for patients was displayed in reception in relation to how to become involved in a PPG. <p>At the August 2019 inspection the practice manager told us they had had two people recently approach them interested in developing a PPG. A meeting was still to be scheduled.</p>	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At the last inspection an eLearning package had been provided and clinical staff had been supported to access a wide range of training relevant to their role and to improve services available to patients. However, there was a lack of management monitoring to ensure training had been completed. At the August 2019 inspection we found the practice manager and the nursing team had been encouraged to access external training and support relevant to their role and staff training had been encouraged and monitored. The practice manager had been proactive in addressing areas identified for improvement at the last inspection. 	

Examples of continuous learning and improvement
<ul style="list-style-type: none"> The practice had implemented a Tele-dermatology service. Staff had received training for this service. The practice had changed its approach to access to appointments after negative feedback from patients relating to the care navigation process. They had implemented a clinical triage service to address the concerns.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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