

Care Quality Commission

Inspection Evidence Table

Church Lane - Khan (1-537760126)

Inspection date: 22 August 2019

Date of data download: 08 August 2019

Overall rating: Requires Improvement

At our previous inspection in January 2019 we rated the service as Inadequate overall. This was due to poor governance and strategic oversight regarding the patient record system and gaps in systems associated with safety. We noted marked improvement at this inspection with regards to these specific areas. However we also found gaps in other areas for governance, impacting on safeguarding, safety alert management, effective care systems and low patient satisfaction in areas. Therefore, the practice is now rated as Requires Improvement overall.

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

Safe

Rating: Requires Improvement

At our previous inspection in January 2019 we rated the service as Requires Improvement for providing safe care, this was due to gaps in recruitment and induction processes. We noted improvements in relation to this at this inspection, therefore, the practice is rated as Good for providing safe care.

Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse however the governance of these systems was not fully effective in areas.

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.	Partial
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.	Partial
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Partial
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
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>We saw evidence of systems in place to identify vulnerable patients, supporting safeguarding registers were also in place. However during our inspection we identified one safeguarding case where family members living in the same household had not been linked on the system as good safeguarding practice. Although members of the management team were unable to explain why this case had been missed they confirmed that their standard process was to link such members and those living in the same household. We checked a sample of other cases and found that they had been appropriately linked. We were assured during our inspection that the case in question would be investigated immediately in the practice. Shortly after the inspection the practice provided evidence to confirm that the case had been linked on the system following the inspection visit.</p> <p>During our inspection the practice confirmed their arrangements for following up on failed attendances of children's appointments following an appointment in secondary care or for immunisation. We saw some examples to support this and we saw examples of where the practice had liaised with health visitors when necessary.</p> <p>However, we identified two separate cases where secondary care had informed the practice of missed appointments for two children. After reviewing the patient record system further, there was no record to evidence or assure us of further actions taken; such as liaising with health visitors or raising safeguarding concerns in these instances. This highlighted gaps in the system for following up on failed attendances of children's secondary care appointments. Shortly after the inspection the practice provided evidence to demonstrate that they had since made contact with the health visitor regarding this matter. The evidence also highlighted that the practice had since revisited their process for monitoring and following up on child missed appointments in secondary care, noting that all cases identified would be brought to the attention of the GP by assigning as a 'task' on the practice's patient record system.</p> <p>We also noted a case where child immunisations had been refused by a parent and there was no record to evidence or assure us of further actions taken; such as through liaising with the health visitor in this instance.</p>	

Recruitment systems	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had further strengthened their recruitment systems since our previous inspection in January</p>	

2019, we noted evidence of employee references to satisfy evidence of conduct in previous employment as well as evidence of medical indemnity insurance for clinical staff.

We noted that the practice regularly used locum GPs, who were recruited through an agency and worked at the practice every Tuesday and Friday. The practice demonstrated appropriate recruitment and induction systems for their locum GPs and we saw that efforts were made to try and use the same locum GPs for continuity of care.

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 5 May 2019	Y
There was a record of equipment calibration. Date of last calibration: 11 July 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: November 2018	Y
There was a log of fire drills. Date of last drill: 19 August 2019	Y
There was a record of fire alarm checks. Date of last check: 19 August 2019	Y
There was a record of fire training for staff. Date of last training: 30 July 2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 5 September 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	
The practice manager and practice nurse were the fire safety leads. Although the most recent fire risk assessment contained no areas for action, we saw that actions from the previous risk assessment had been completed which included adding additional fire exit signage and ensuring exit signs were suitably and clearly positioned. Members of the management team confirmed that they had plans to revisit their fire risk assessment in September 2019.	
We noted that the corridor leading to the consulting and treatment rooms were narrow and although staff we spoke with advised that wheelchair users were able to access all required areas of the practice without restriction we noted that such considerations were not included in the practices fire risk assessment. Shortly after the inspection took place the practice provided evidence of a completed risk assessment for disability access, this was completed shortly after the inspection and we saw that as part of this the practice had set an action to develop a Personal Emergency Evacuation Plan (also known as PEEP) which would focus on developing a specific evacuation plan for patients with a disability and for wheel chair users. We also noted that the practice was due to move to a purpose built medical centre in the Spring of 2020.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 11 April 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken.	Y

Date of last assessment: 11 April 2019	
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: 14 August 2019	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: We saw evidence of completed actions following the practices most recent infection prevention and control audit. This included completion of infection prevention and control training and implementing further guidance regarding sharps and needlestick injuries.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	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: In addition to strengthened recruitment procedures we noted that the practice had tightened their induction processes since our previous inspection in January 2019. This was supported by an updated induction checklist with well organised employee files to support this. We saw that the practice manager	

had completed training modules in system and appraisal management as part of this approach. The practice manager was also due to complete some training in Human Resources to further aid the practices recruitment and induction processes; we saw that this training had been scheduled for later in 2019.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	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
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in January 2019 staff explained that they had inherited patients from a nearby practice which had closed down resulting in some patients moving across to Church Lane – Khan’s practice in September 2016. At our last inspection staff advised that some of the patient records had been fully transferred through to the practices system however at that point, roughly 300 records were still outstanding at the time of our inspection. Staff could see most of the patient record, some information such as full medical history however could not always be seen. We noted that this matter was outside of the practices control and we saw that the practice was regularly enquiring and chasing progress regarding the record transfer with the relevant organisations including the practices Clinical Commissioning Group (CCG). At our most recent inspection the practice provided evidence of audits completed to monitor progress in this area. We saw that a total of 485 inherited records had been fully received and that most of them had also been reviewed in practice.</p>	

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)	1.06	0.84	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)	4.2%	7.7%	8.7%	Variation (positive)
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)	5.27	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) (NHSBSA)	3.80	1.79	2.07	Tending towards variation (negative)

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
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

Medicines management	Y/N/Partial
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> <p>We noted positive prescribing trends for selected antibacterial medicines however the prescribing of non-steroidal anti-inflammatory drugs (NSAIDs) highlighted a negative variation, the practice were aware of this and were working to improve this area of prescribing. Unverified and unpublished data provided by the practice during our inspection highlighted improved prescribing trends in other areas such as for the prescribing of anxiolytics and hypnotics (medicines commonly prescribed for the treatment of conditions such as anxiety and sleep problems).</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:	Two
Number of events that required action:	Two
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence to demonstrate that incidents and significant events were discussed in formal practice meetings.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A significant event was recorded due to the identification of a patient with Sepsis.	<ul style="list-style-type: none"> The significant event record noted that on attending for an appointment with the healthcare assistant (HCA), the HCA noticed that the patient appeared to be very unwell. The HCA carried out some routine observations and tests and on suspecting that the patient had

	<p>symptoms of Sepsis they immediately called for a GP. The GP saw to the patient and an ambulance was called. The patient was assessed by the ambulance crew and admitted to hospital.</p> <ul style="list-style-type: none"> Records of the significant event highlighted effective and appropriate actions undertaken by staff. The record noted that Sepsis training had proven beneficial and as a team the practice reflected on the event further during a practice meeting; we saw minutes to support this. The practice was also able to demonstrate that the patient was reviewed by the GP post hospital discharge.
A significant event was recorded following a patient presenting as feeling unwell following a procedure in secondary care.	<ul style="list-style-type: none"> The significant event record noted that a patient presented at the practice as feeling very unwell following an injection administered by a hospital. A member of the reception team immediately called the nurse for assistance. The nurse identified that the patient was experiencing a medical emergency and whilst awaiting an ambulance the nurse administered an emergency medicine and took observations. The significant event record noted that the GP was not on the premises during this time but was also immediately notified by a member of the team. The paramedic team arrived and once treatment was administered the patient was taken to hospital. Records noted that the event occurred due to an allergic reaction to specific medicine(s), an investigation was ongoing and the practice was in contact with secondary care to ensure clearer identification of allergies and avoidance of recurrence. Part of the ongoing investigation noted that although allergies were documented in the patient record they had not been recorded in the referral letter and therefore as an action to prevent recurrence the practice revisited their referral process and noted that allergies must be clearly recorded. As a team the practice reflected on the event further during a practice meeting; we saw minutes to support this.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
Explanation of any answers and additional evidence:	

During our inspection we identified gaps in the practices system for the receipt of safety alerts. We saw examples of actions taken on some alerts and although they had a system in place, not all alerts had been received through this system. Therefore the practice was unable to evidence receipt of some specific alerts, this included three drug safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA):

- For instance the practice was unable to demonstrate receipt of a drug safety alert regarding direct-acting oral anticoagulants (DOACs). Our inspection highlighted that whilst the practice had no patients that met the alert criteria, there was no evidence to assure us that they had conducted a search to identify such patients and they were unable to evidence that they had received this alert. Shortly after our inspection took place the practice provided records to demonstrate that they had conducted a further search on their patient record system following our inspection, this further confirmed that no patients met the alert criteria.
- Another of the alerts contained guidance for reviews of patients taking a specific medicine for hypertension and for those taking these medicines on a long-term basis due to risk of certain cancers. Shortly after our inspection took place the practice provided records to demonstrate that they had conducted a search on their patient record system following our inspection, six patients had been identified and were being called in to the practice for review.
- During our inspection the practice was unable to demonstrate receipt of a drug safety update on GLP-1 receptor agonists (a class of medicines used for the treatment of type two diabetes). Shortly after our inspection took place the practice provided records to demonstrate that they had conducted a search on their patient record system following our inspection, nine patients had been identified and were being called in to the practice for review.

Effective

Rating: Requires Improvement

At our previous inspection in January 2019 we rated the service as Inadequate for providing effective care as we identified a theme in issues with coding on the practices patient record system and that overall a lack of accuracy in record keeping. We noted marked improvement in this area at this inspection. However we found gaps in evidence to demonstrate that evidence-based guidance was followed were appropriate and we noted that performance was below targets for areas such as cancer screening and childhood immunisation uptake. The practice is now rated as Requires Improvement for providing effective care.

Effective needs assessment, care and treatment

Most of the evidence we reviewed showed that patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance however we noted gaps in certain areas.

	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 digital and information security standards.	Y
<p>Explanation of any answers and additional evidence:</p> <p>With the exception of gaps in the practices system for the receipt of safety alerts most of the evidence gathered during our inspection demonstrated that clinicians followed evidence-based practices and guidelines. However during our inspection we identified a patient over the age of 35 (identified as risk) that had been prescribed a contraceptive medicine. The practice was unable to demonstrate that the patient had been reviewed and that considerations to altering their medicines had been applied in line with guidance from the National Institute for Health and Care Excellence (NICE). Shortly after our inspection took place the practice provided evidence to confirm that an appointment had been made to review the patient and that a search carried out following the inspection showed that no other patients had been identified as requiring review within this criterion.</p>	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHSBSA)	1.44	0.76	0.77	Tending towards variation (negative)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. There was evidence of structured annual medication reviews completed 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. The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule however we noted gaps in this system during our inspection where we identified two adult patient cases with no record to assure us that the pneumococcal vaccine had been offered to them. These patients were identified as being at higher risk of pneumococcal infection and one of these was also in this population 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.
- 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 assessed for stroke risk and treated appropriately. Patients with asthma were offered an asthma management plan.
- Unverified and unpublished data observed on the practices patient record system indicated that most patients on the asthma register were up to date with their annual reviews. This data also showed that 88% of the practices patients with atrial fibrillation were appropriately assessed for stroke risk and treated appropriately.
- In addition 78% of the practices patients with hypertension were up to date with relevant reviews and blood pressure readings. Further reviews were scheduled for these cohorts of patients.
- We also noted that all 394 patients on ACE inhibitors (medicines commonly used to treat heart failure and high blood pressure) that were up to date with their medicines reviews.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule however we noted gaps in this system during our inspection where we identified two adult patient cases with no record to assure us that the pneumococcal vaccine had been offered to them.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	87.0%	80.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	21.3% (56)	12.5%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	72.3%	77.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	23.2% (61)	10.4%	9.8%	N/A

	Practice	CCG average	England average	England comparison
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The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	86.0%	81.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	18.3% (48)	11.4%	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) (QOF)	72.5%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	10.2% (17)	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) (QOF)	90.1%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	19.0% (19)	11.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	82.5%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	10.4% (64)	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)	91.7%	88.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	23.4% (11)	8.2%	6.7%	N/A

Any additional evidence or comments
At our previous inspection in January 2019 we found that the practice had exception reported patients because historically they had inappropriately been added to the disease register and therefore to exclude them from their QOF data collection the practice was exception reporting them. We also identified other coding issues at the point of our previous inspection. At this inspection we noted significant improvement following the actions undertaken in the practice to cleanse their patient record system. This was reflected across coding, various patient and disease registers and in exception reporting. We were assured that

registers were accurate and that appropriate coding was being utilised at the point of our most recent inspection. There was evidence of positive engagement and collaborative work undertaken with support from stakeholders such as the Clinical Commissioning Group (CCG) to address the historical system and coding issues at the practice.

- Unverified and unpublished data provided by the practice during our inspection showed that 2018/19 exception reporting for diabetes was down to 10.75% for Diabetes.
- Exception rates for asthma had reduced from 10.2% for 2017/18 to 3.90% for 2018/19. The exception rate for COPD had reduced from 19% in 2017/18 to 9.77% for 2018/19.
- The 2018/19 exception rate for hypertension was 10.26% and exception rates had reduced from 23.4% to 14.29%.

Families, children and young people

Population group rating: Requires Improvement

Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. Data that we looked at during and following our inspection was more positive in terms of immunisation uptake, this was unpublished and unverified data.
- Although we saw some examples to support the practices arrangements for following up on children's missed appointments in secondary care and for missed immunisation appointments, in some cases the practice was unable to assure us of further actions taken following missed appointments in secondary care. Shortly after the inspection the practice provided evidence to demonstrate that they had since made contact with the health visitor regarding the cases we identified and we saw that the practice had since revisited their process for monitoring and following up on such missed appointments.
- We also noted a case where child immunisations had been refused by a parent and there was no evidence to assure us of further actions taken; such as through liaising with the health visitor in this particular instance. We saw other examples of more effective liaison with the health visitor.
- 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.
- 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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	28	33	84.8%	Below 90% minimum
The percentage of children aged 2 who	48	55	87.3%	Below 90%

have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)				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) (01/04/2018 to 31/03/2019) (NHS England)	49	55	89.1%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	48	55	87.3%	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

- NHS England data from the Child Health Information Systems (CHIS) showed that the practices childhood immunisation uptake rates for 2018/19 were below the World Health Organisation (WHO) targets. These had declined compared with the data from 2017/18 where WHO targets were met.
- During our inspection we looked at unverified and unpublished data on the practices patient record system. This data showed that at the point of our inspection, the uptake for primary immunisations (for children aged one) was at 85%. The percentage of children aged two that had received their Hib/MenC boosters was at 93.4% and 91.4% of children aged two had received their MMR immunisation.
- The practice provided additional unpublished and unverified data shortly after our inspection, this was data based on two previous financial quarters ending December 2018 and March 2019. This data showed that the practice was meeting immunisation targets for MenC boosters, primary and MMR immunisations.

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.
- We noted that cancer screening uptake rates for 2017/18 were below targets in areas.

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)	59.5%	N/A	N/A	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	62.2%	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)	40.7%	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)	77.8%	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)	26.7%	52.1%	51.9%	No statistical variation

Any additional evidence or comments

Public Health England (PHE) data showed that the practices cervical screening uptake rates for 2017/18 were below the 70% uptake target. On discussion with the practice staff advised that where possible, patients were offered appointments at different times to support uptake and non-attenders were followed up. Staff explained that they encouraged uptake for cancer screening opportunistically and discussed screening and encouraged uptake during consultations and patient interactions. We saw that there was also promotional material available in the practice. Unpublished and unverified data from the practices patient record system demonstrated that 76.6% of their patients had been invited for a cervical screening appointment and end of year data for 2018/19 showed that 72.3% of their patients had been invited for a cervical screening appointment.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed vulnerable 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.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- Unverified and unpublished data observed on the practices patient record system indicated that most patients on the dementia register were up to date with their reviews and further reviews had been scheduled.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.1%	93.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	8.1% (3)	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) (QOF)	94.1%	93.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.1% (3)	7.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.9%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	17.6% (3)	6.0%	6.6%	N/A

Any additional evidence or comments

The practice had worked to improve the accuracy of their patient record system since our previous inspection in January 2019. We noted significant improvements following work undertaken to address coding issues, inaccuracies of registers and high exception rates. Unverified and unpublished data provided by the practice during our inspection showed that exception reporting had reduced from 17.6%

in 2017/18 to 8.34% in 2018/19 for dementia care. There was also a reduction in exceptions for other mental health indicators including for depression.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	547.8	546.1	537.5
Overall QOF score (as a percentage of maximum)	98.0%	97.7%	96.2%
Overall QOF exception reporting (all domains)	10.9%	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 appropriate action.	Y

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 patients prescribed ACE inhibitors (medicines commonly used to treat heart failure and high blood pressure). The aim of the audit was to ensure that specific checks were undertaken before starting patients on an ACE inhibitor and when increasing the dosage; in line with pharmaceutical guidance by the British National Formulary (BNF). Both audit cycles showed that required checks had been completed in all the cases reviewed before commencing an ACE inhibitor. The first audit showed that recommended checks were not always being carried out before increasing the medicines dosage. We noted that this initiated improvement and the second audit cycle showed full compliance with the required checks. Other completed audits provided included prescribing audits focussing on patients presenting with a sore throat and an audit on urinary tract infections (UTIs).

Any additional evidence or comments

At our previous inspection in January 2019 we identified a theme in issues with coding on the practices patient record system. Some of these were due to historical errors in coding which were evident across various records inherited from a nearby practice which had closed down resulting in a number of patients moving across to Church Lane – Khan's practice. However we also identified other coding errors at our last inspection along with ineffective work-around processes developed by the clinicians, indicating that overall, they were not appropriately utilising their patient record system to ensure accuracy in record keeping.

At this inspection however we noted significant improvement in this area. This was reflected across coding, various patient and disease registers and in exception reporting for the Quality and Outcomes Framework (QOF). To demonstrate some of the steps taken to improve in this area the practice provided examples of completed action plans and several reviews to show how they had been cleansing and monitoring their patient registers in particular.

- For instance, a report shared by the practice showed that as part of their cleansing work they identified that 39 patients were incorrectly coded as having Chronic Obstructive Pulmonary Disease (COPD), outcomes included removing and applying suitable coding; as part of this process nine patients were also called in for a review as required.
- The practice had also purchased software to help with coding, template usage, workflow management and overall effective system utilisation. The software enabled the practice to run pre-set searches on their patient record system and we saw that a search to find any un-coded patients with hypertension highlighted 52 patients as having been diagnosed with hypertension in the past that were not added to the practices hypertension register. The practice added these patients to the register and were able to add them to their call and recall system. During our inspection we saw that most of these patients were up to date with relevant reviews and blood pressure readings.

We saw that part of the work to improve the accuracy of their patient record system involved a structure approach with protected time provided for the clinicians to work on resolving the coding issues on a weekly basis. There was also evidence of positive engagement and collaborative work undertaken with support from stakeholders such as the Clinical Commissioning Group (CCG) to address the historical system and coding issues at the practice.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	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> <p>We saw evidence to support that all staff were up to date with their appraisals. There was evidence of an effective induction system in place and we saw that staff were up to date with any essential and mandatory training.</p>	

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 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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection we saw evidence to support that regular multidisciplinary working took place with inclusion from other health and social care services. We also saw evidence to support that formal safeguarding and palliative care meetings were taking place in the practice.</p>	

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
Explanation of any answers and additional evidence:	

The healthcare assistant was organising a Shingles campaign to commence in the practice from September 2019, in efforts to increase uptake of the shingles vaccination for eligible patients and in order to promote Shingles awareness. We noted that additional promotional material had been displayed in the practice to support this, staff explained that invites for vaccination appointments were also due to be sent according to birth date to help ensure all relevant patients were invited and there was a plan for patient lists to be monitored by the healthcare assistant to ensure no patients were missed.

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.3%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.6% (15)	0.6%	0.8%	N/A

Consent to care and treatment

The practice was able to demonstrate that it 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.	Y
Explanation of any answers and additional evidence: Discussions with clinical staff demonstrated that they understood best practice guidance for obtaining consent. Written consent was also obtained for immunisations and minor surgery procedures.	

Caring

Rating: Requires Improvement

At our previous inspection in January 2019 we rated the service as Requires Improvement for providing caring services due to low satisfaction rates from patients for this area. At this inspection we found that satisfaction rates were consistently below average and the evidence provided did not demonstrate improvement or provide assurance of plans to improve this area, therefore the practice is rated as Requires Improvement for providing caring services.

Kindness, respect and compassion

Patient satisfaction rates contained negative responses in areas with regards to

care.

	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: N/A	

CQC comments cards	
Total comments cards received.	Zero
Number of CQC comments received which were positive about the service.	Zero
Number of comments cards received which were mixed about the service.	Zero
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
Interviews with patients	Whilst patients we spoke with during our inspection did not comment negatively about the care and treatment provided by the practice there was a theme in feedback pertaining to appointments running late, leaving patients to wait to be seen. Some patients commented that lengthy waiting times were not communicated to them when attending the practice. We shared the feedback themes with the practice at the end of our inspection visit.
NHS Choices	The practice had received a two out of five-star rating based on eight reviews. The most recent feedback in June 2019 related to manner of reception staff and appointment availability. We saw that the practice had responded to feedback on the NHS Choices web page.

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
3579	428	101	24%	2.82%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	77.7%	86.8%	88.9%	Tending

Indicator	Practice	CCG average	England average	England comparison
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)				towards 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)	73.6%	85.5%	87.4%	Tending towards variation (negative)
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)	84.4%	94.4%	95.5%	Tending towards 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)	58.4%	80.1%	82.9%	Variation (negative)

Any additional evidence or comments

- Our review of the most recently published GP patient survey highlighted a decline in patient satisfaction rates particularly from those who responded positively to the overall experience of their GP practice.
- Specifically, the results from the survey reflecting January/March 2018 showed a satisfaction rate of 81.1% for overall experience of the GP practice. This was based on a response rate of 27% and reflected 3% of the practices population. Whereas the results from the survey reflecting January/March 2019 showed a decline in satisfaction rates at 77.7%; this was based on a response rate of 24% and reflected 2.82% of the practices population.
- Whilst other areas showed no significant variation in satisfaction rates in response to questions about care compared with the 2018 and 2019 survey results, we noted that the most recent results highlighted a trend towards a negative variation, further indicating a decline in satisfaction rates.
- The practice had reviewed the recently published survey results. Staff we spoke with explained that the recently published survey reflected a period of change and unrest at the practice; including a period of having to use various locum GPs for months at a time whilst one of the GPs was away from the practice. Staff expressed that their internal survey results and general feedback from patients was more positive. We saw some evidence to support this in the practices results from their NHS Family and Friends Test (FFT) between April and August 2019 where most responses showed high satisfaction with the service and patients commented positively about the practice.

- Although we observed positive satisfaction rates on the practices internal survey and in the recent FFT results, the practice was unable to provide evidence or assurance of plans to improve specifically relating to the caring aspects of their satisfaction results which mostly showed negative trends on the recently published national GP patient survey.

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

Any additional evidence
<p>The practice provided results of an internal survey completed in June 2019, there were 21 surveys completed, this reflected 1% of the practices population.</p> <ul style="list-style-type: none"> Results of the survey highlighted that most patients described manner and friendliness of staff as excellent, very good, good and fair. Equally, most responses were positive with regards to their experience and communication with the clinician they saw. The survey contained mostly positive results in response to questions about overall practice experience, as well as the quality of the medical care received.

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
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the practice made use of and signposted patients to access support through local supportive schemes.</p>	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to	82.9%	91.9%	93.4%	Tending towards variation (negative)

Indicator	Practice	CCG average	England average	England comparison
31/03/2019)				

Any additional evidence or comments

Although we observed positive satisfaction rates on the practices internal survey with regards to care, the practice was unable to assure us of plans to improve in this area. Specifically, with regards to the caring aspects of their satisfaction results which mostly showed negative trends on the recently published national GP patient survey.

	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: Easy read and pictorial materials were available.	

Carers	Narrative
Percentage and number of carers identified.	There were 33 carers on the practices carers register, this represented 0.9% of their registered patient list.
How the practice supported carers (including young carers).	The practice was continuing to work on increasing their carers register to ensure carers were offered support to meet their needs. To help with this there was a nominated carer's lead in place. Carers were provided with supportive resources where needed which included signposting information to support services, they were also offered flu vaccinations and health checks.
How the practice supported recently bereaved patients.	The practice sent cards with condolences and supportive bereavement information to recently bereaved patients, they were also signposted to support services such as Cruse Bereavement Care.

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
Explanation of any answers and additional evidence: N/A	

Responsive

Rating: Requires Improvement

At our previous inspection in January 2019 we rated the service as Requires Improvement for providing responsive services due to low satisfaction rates from patients regarding access. At this inspection we found that satisfaction rates had improved in areas. The practice is now rated Good for providing responsive services.

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.	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:	
We noted that the practice had purchased a hearing loop since our last inspection in January 2019.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 8pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 1pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8.30am – 11am and 4pm – 8pm (extended hours opening)
Tuesday	8.30am – 11am and 4pm – 6pm
Wednesday	8.30am – 11am and 4pm – 6pm
Thursday	8.30am – 11am
Friday	8.30am – 11am and 4pm – 6pm

There is a GP on call at the practice on Thursdays when the appointments finish after 11am.

Patients can also access appointments through the Bordesley Green Access Hub also known as Omnia during the day when appointments were closed, on evenings from 6.30pm to 8pm and on weekends from 8.30am to 11.30am.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3579	428	101	24%	2.82%

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)	87.6%	93.2%	94.5%	No statistical variation

Older people

Population group rating: Requires Improvement

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, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- However, satisfaction results with regards to access were below average, this affects all population groups.

People with long-term conditions

Population group rating: Requires Improvement

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. However, satisfaction results with regards to access were below average, this affects all population groups.

Families, children and young people

Population group rating: Requires Improvement

Findings

- Additional nurse appointments were available until 7pm on a Monday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk such as for children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Baby clinics took place at the practice every Wednesday afternoon and post-natal checks were carried out by the GP as part of this service.
- Young people could access some services for sexual health and contraception at the practice. For procedures such as contraceptive implants however patients were referred to the Bordesley Green Access Hub also known as Omnia; of which the practice was part of a Hub for extended access.
- Patient satisfaction results with regards to access were below average, this affects all population groups.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8.15pm on a Monday for extended access.
- Patients could also access evening and weekend appointments through the Bordesley Green Access Hub also known as Omnia; of which the practice was part of a Hub for extended access.
- However, satisfaction results with regards to access were below average, this affects all population groups.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode 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.
- However, satisfaction results with regards to access were below average, this affects all population

groups

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

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.
- However, satisfaction results with regards to access were below average, this affects all population groups

Timely access to the service

People were not always able to access care and treatment in a timely way.

National GP Survey results

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

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)	44.5%	N/A	68.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	58.6%	61.4%	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	46.0%	61.2%	64.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
appointment times (01/01/2019 to 31/03/2019)				
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)	61.4%	69.0%	73.6%	No statistical variation

Any additional evidence or comments

Our review of the most recently published GP patient survey highlighted some improvement in patient satisfaction rates for access when comparing the January/March 2018 and January/March 2019 survey results. For example:

- The most recently published results from those who responded positively to how easy it was to get through to the practice on the phone had increased from 36.9% in 2018 to 44.5% in 2019.
- The results from those that responded positively to the overall experience of making an appointment had improved from 50.5% in 2018 to 58.6% in 2019.
- Those who noted that they were satisfied with the type of appointment (or appointments) they were offered had increased from 48.8% in 2018 to 61.4% in 2019.

The practice had reviewed the recently published survey results. Staff we spoke with explained that the recently published survey reflected a period of change and unrest at the practice; including a period of having to use various locum GPs for months at a time whilst one of the GPs was away from the practice.

The practice had taken the following steps to improve access following survey results and feedback from patients:

- A further telephone line had been installed which allowed for a call waiting system to be put in place.
- The practice was doing a drive on online registrations and promoting use of Hub access for patients who could be seen on evenings and weekends via the extended access Hub.

The practices internal survey which was completed in June 2019 contained positive responses with regards to access. There were 21 surveys completed, this reflected 1% of the practices population. Results of the survey highlighted that most patients described accessing appointments by phone and appointment availability as excellent, good and fair.

- Most respondents answered positively with regards to waiting times on arriving for appointments and most responses highlighted that they were kept informed of any appointment delays. We noted that these responses did not reflect the feedback gathered during conversations with patients on the day of our inspection.
- On the practices internal survey 71% of the respondents noted that they would recommended the practice to others.

Although we found some improvements in satisfaction rates, results from the national GP patient survey were consistently below average for access to services. In addition, this was reflected in feedback gathered from patients we spoke with during the inspection where patients highlighted lengthy waiting times when attending for appointments. We also noted that those who responded to the GP patient survey as being satisfied with their appointment times was 50.2% in 2018 and had declined slightly to 46% in 2019. In addition, the most recently published survey results showed a negative variation for getting through to the practice by phone. These survey results were based on a response rate of 27% in 2018 and 24% in 2019.

Source	Feedback
Interviews with patients	Patients we spoke with during our inspection highlighted that appointments didn't always run to time and some patients commented that lengthy waiting times were not communicated to them when attending the practice. We shared the feedback themes with the practice at the end of our inspection visit.
NHS Choices	The practice had received a two out of five-star rating based on eight reviews. The most recent feedback in June 2019 related to manner of reception staff and appointment availability. We saw that the practice had responded to feedback on the NHS Choices web page.
NHS Friends and Family Test (FFT)	The practice provided a report of the results from their NHS FFT between April and August 2019. Results highlighted that 81% of the respondents were satisfied and would recommend the service to friends and family members, this was based on 78 responses.

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.	One
Number of complaints we examined.	One
Number of complaints we examined that were satisfactorily handled in a timely way.	One
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	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"> Information about how to make a complaint or raise concerns was available in the practice waiting area. There was a complaints policy and form which could be used to capture verbal and hand-written complaints. 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.

Examples of learning from complaints.

Complaint	Specific action taken
Patient unhappy with aftercare provided as a new mother from both primary and secondary care.	An investigation was completed involving all parties involved. It was noted that a full response was provided by the clinicians at the practice. An apology and an explanation was provided to the complainant via the NHS England complaints team. The complaint was reflected on further as a team during a practice meeting.

Well-led

Rating: Requires Improvement

At our previous inspection in January 2019 we rated the service as Inadequate for providing well-led services due to inadequate governance arrangements and generally poor strategic management. At this inspection we noted some improvement in these areas however we identified that governance across other specific areas such as safeguarding and safety alerts required strengthening. Therefore we rated the practice as Requires Improvement for providing a well-led service.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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: N/A	

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.	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:	
<p>The practice had recently revisited their vision as a team, it included an aim to improve as a patient centred service. We noted that the visions overall prioritised quality and sustainability.</p> <p>To support their succession plans the practice had successfully recruited a GP partner following the retirement of one of the partners in July 2019. The new GP was due to join as a partner in September 2019 and had also worked at the practice as a locum GP for a while. The practice was also hoping to recruit a salaried GP in the future.</p> <p>At the time of our last inspection in January 2019 the practice was looking to move to a more modern, larger and purpose-built premise and were in the process of finding a suitable location for the move. At this inspection we noted that the practice had made progress with these plans and were planning to move to a local purpose built medical clinic in the Spring of 2020. The practice had been supported with these plans by their Clinical Commissioning Group through successful application of an ETTF (Estates and Technology Transformation Fund).</p> <p>At our previous inspection we found that the practice did not demonstrate the effectiveness of their strategy across specific areas where risks and areas for improvement had been identified. For example, we noted that they were not appropriately utilising their patient record system to ensure accuracy in record keeping. At this inspection we noted significant improvement in this area. This was reflected across coding, various patient and disease registers and in exception reporting. There was evidence of positive engagement and collaborative work undertaken with support from stakeholders such as the Clinical Commissioning Group (CCG) to address the historical system and coding issues at the practice.</p>	

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	There was a theme in positive feedback from the staff, staff expressed that they were confident to raise concerns and to make suggestions at work. Management described the team as hard working, flexible and adaptable, management confirmed that they felt valued and supported in their role.

Governance arrangements

There were clear responsibilities, roles and systems of accountability in place however we noted that in certain areas governance needed strengthening.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
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 across some areas including for recruitment procedures and policy management. However we identified gaps in other areas such as in governance of the practices safeguarding systems and for managing safety alerts. Although we received some assurances across most of these areas following the inspection, our findings on the day of our inspection highlighted gaps in systems and processes.	

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance however these contained gaps in areas.

	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: We saw some examples of appropriate risk management during our inspection however we also found that some of the assurance systems for managing risks required strengthening. For instance we identified some gaps in the use of recommended guidance in areas. This included National Institute for Health and Care Excellence (NICE) guidance regarding a contraception prescribing case and adherence to the recommended vaccination schedule for the pneumococcal vaccine. Although we received some	

assurances across most of these areas following the inspection, our findings on the day of our inspection highlighted gaps in systems and processes.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making however in areas this required strengthening.

	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.	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: At our previous inspection we found that the practice was not appropriately utilising their patient record system to ensure accuracy in record keeping. At this inspection we noted significant improvement in this area. Our inspection indicated that information was mostly accurate and valid, this was with the exception of record keeping for safeguarding in certain areas.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Partial
The practice had an active Patient Participation Group.	Partial
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
Explanation of any answers and additional evidence: We saw that patients could provide suggestions and feedback through the practices suggestions box; this information was discussed at practice meetings so that improvements could be made where possible. Conversations with staff highlighted that the practice had struggled to implement a Patient Participation Group (PPG) for a while. We saw that the practice had developed a social media PPG and were promoting this as a closed group available to registered patients at the practice.	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y

Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: N/A	

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 improvements to systems and processes which included a marked improvement to the patient record system to ensure better accuracy of coding and registers in particular.

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.