

Care Quality Commission

Inspection Evidence Table

Bounds Green Group Practice (1-564499987)

Inspection date: 26 September 2019

Date of data download: 20 September 2019

Overall rating: Good

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

Safe Improvement

Rating:

Requires

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

- Processes in place to identify emerging infection prevention and control risks were not always effective and although actions had been taken to address concerns identified in a recent infection prevention and control audit, we found some of these concerns were still present.
- The system used to manage clinical specimens did not keep people safe from harm because containers used to collect specimens could be accessed by the public, including children.
- The practice was equipped to deal with medical emergencies but there were gaps in the monitoring of emergency equipment. Specifically, a room used for administering flu vaccines did not have an anaphylactic kit available, a first aid box did not contain all the items listed and a resuscitation kit contained one phial of adrenaline which had exceeded the expiry date by three months.
- The practice had not taken steps to avoid a fridge used to store vaccines being switched off accidentally.

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

Safeguarding	Y/N/Partial
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
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

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
Explanation of any answers and additional evidence: The practice had created a pre-employment checklist for locum clinicians and we saw this included steps to ensure all mandatory checks were undertaken before a clinician was permitted to undertake work at the practice.	

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: 03/05/2019	Y
There was a record of equipment calibration. Date of last calibration: 03/05/2019¹	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: 24/07/2019	Y

There was a log of fire drills. Date of last drill: 05/08/2019	Y
There was a record of fire alarm checks. Date of last check: 05/08/2019	Y
There was a record of fire training for staff. Date of last training: Staff had received fire safety training on various dates.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 16/04/2019	Y
Actions from fire risk assessment were identified and completed. ²	Y
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> 1. When equipment calibration was carried out in May 2019, two pulse oximeters were identified as being faulty but repairable and one blood pressure monitor which was faulty and beyond repair. We saw notes indicating the oximeters had been repaired whilst the blood pressure monitor had been sent for disposal. However, we also noted clinicians had not been reminded to ensure clinical equipment carried in doctors bags was available to the contractor carrying out calibration testing which meant it was possible a limited number of items had not been calibrated in line with guidance. 2. The practice had recently carried out a refurbishment programme which provided two additional consulting rooms. During the most recent fire risk assessment, it was noted these rooms had not yet been equipped with fire alarms. This action had been carried out with smoke detectors and fire alarms being fitted in both rooms. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 16/04/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 16/04/2019	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not 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: 18/01/2019	Y

The practice had acted on any issues identified in infection prevention and control audits.	Y ¹
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.	N ²
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> The most recent infection prevention and control audit had been undertaken by an external advisor who was trained as a clinical lead in this area. Although we saw evidence showing the practice had taken action to address issues identified, it wasn't clear whether these actions were being sustained. For instance, the audit undertaken in January 2019 identified an issue with dust build-up on fans and we found there was still an issue with dust build-up on fans in consulting room. In addition, we identified further issues which were not included in the most recent infection prevention and control audit. Specifically, in three consulting rooms, we found waste bins which did not close properly, clinical waste being placed in a bag other than a specific clinical waste bag. In one consulting room we saw small holes in the wall next to the examination couch whilst in the sluice room, we found the sink was dirty and stained. Patients were advised to deposit clinical samples in one of three boxes located at the reception desk. We noted these boxes were not fitted with lids and two were not labelled to identify their purpose. This meant there was a risk these could be accessed, including by children. <p>We discussed these issues with practice management and were told, at the time of this inspection, the nursing team was relatively new in post and were working to bring about improvements in the areas identified. The practice told us it would be carry out a further infection prevention and control audit and would support the nursing team to create an action plan to address existing and newly identified concerns.</p>	

Risks to patients

There were systems in place to assess, monitor and manage risks to patient safety but these were not always effective.

	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.	N ¹
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:	

1. The practice had equipment to deal with medical emergencies, but we noted one room used for administering flu vaccines did not have an anaphylactic kit available and an equipment trolley in another room included specimen tubes which had expiry dates of July and August 2019.

We found a first aid box located in one consulting room and we noted the contents did not match a list of contents displayed on the front of the box, specifically, it did not include dressings for burns or an eye pad.

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 ¹
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence:	
<p>1. The practice had a process in place to share information, including patient safety alerts, with staff and we saw records indicating this had been done. However, we found it was not always clear these had been read or action taken because this information was not recorded consistently. For instance, updates received from the Medicines and Healthcare products Regulatory Agency (MHRA) were distributed to the nursing team but there was no process in place to record that these had been reviewed or actions taken as a result.</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) (01/07/2018 to 30/06/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	0.56	0.61	0.87	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	10.5%	10.4%	8.6%	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 (01/01/2019 to 30/06/2019) <small>(NHSBSA)</small>	5.34	5.72	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) <small>(NHSBSA)</small>	0.98	1.26	2.08	Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y

Medicines management	Y/N/Partial
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 ¹
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
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.	N/A
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.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y ²
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.	N ³
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. The practice directly employed a pharmacist who had prescribing right. This pharmacist had weekly supervision sessions with a GP supervisor during which prescribing, including changes patient's treatment plans were discussed. changes made, The practice also benefitted from the services of non-prescribing practice-based pharmacist who was employed by the local GP Federation. This pharmacist could not add or remove medicine or other treatments. 2. The practice held a stock of appropriate emergency medicines and these were recorded on a schedule which displayed expiry dates. Although we saw evidence of regular checks being undertaken to ensure this schedule was accurate, we found one phial of adrenaline in a coil resus kit which had exceeded the expiry date by three months. 3. There was no evidence steps had been taken to avoid fridge used to store vaccines being switched off accidentally. We noted the plug was accessible but there was nothing to warn against unplugging or switching off the power. 	

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:	7
Number of events that required action:	5
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
The practice experienced an IT failure which rendered the clinical record and appointment system in accessible.	The provider reviewed the incident and developed a contingency plan to mitigate against future instances. This included a process to provide GPs with paper-based consultation packs which included a consultation note form, handwritten prescription pads and an appointment list. The plan also included a step to ensure appointment lists were saved to a folder outside the clinical record system at 10 am daily.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y ¹
Explanation of any answers and additional evidence: We saw examples of actions taken on recent alerts for example, regarding sodium valproate, however, we also saw evidence showing an email containing information about an MHRA alert was sent to the nursing team on 20 September 2019 had this not yet been read or acknowledged. The practice told us they alerted staff to alerts which were relevant to the practice using a closed, encrypted messaging system. However, it was unclear if this was clearly understood by all members of the clinical team.	

Effective

Rating: Good

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.	Y

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) (01/07/2018 to 30/06/2019) (NHSBSA)	0.36	0.46	0.75	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients. Clinicians undertaking medication reviews were supported by a practice-based pharmacist.
- Patients prescribed with multiple medicines could have a face to face medication review with the practice-based pharmacist.
- Patients aged over 75 years and prescribed ten or more medicines could be referred to the local

Care Close to Home Integrated Network (CHIN) where there was access to community-based services, for instance, a community matron and care navigator.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- At the time of this inspection, the practice's performance on quality indicators for patients with long term conditions was in line with and national averages for the majority of clinical indicators. However, there were some areas where outcomes were lower than CCG and England averages. Specifically:
 - The percentage of patients with COPD who had a recent review which included an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 80.4% compared to the CCG average of 91% and the national average of 89.7%.
 - The percentage of patients with hypertension whose last readings indicated well-controlled blood pressure was 74.3% (CCG 80%, national average 82.6%).
 - In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, 75.8% were currently treated with anti-coagulation drug therapy (CCG 85.4%, national average 90%).

We discussed this with the practice and were told the practice nursing team had undergone a period of staffing instability during the 2017/2018 accounting period, but this had been resolved with a successful recruitment programme. We looked at validated QOF data published after this inspection and found performance had improved for each of these indicators. For instance, the percentage of patients with COPD who had a recent review was 94.68% compared to the CCG average of 90% and the national average of 89.6%, whilst the percentage of patients with atrial fibrillation currently treated with anti-coagulation drug therapy was 83.6% (CCG 84.4%, national average 91.1%).

- 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, including a practice-based pharmacist, 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.
- 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>	84.4%	76.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	13.5% (86)	14.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	72.3%	77.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.7% (62)	11.5%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.5%	76.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.9% (63)	11.3%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.2%	77.3%	76.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	18.0% (141)	5.0%	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	80.4%	91.0%	89.7%	Tending towards variation (negative)

31/03/2018) (QOF)				
Exception rate (number of exceptions).	24.0% (29)	10.5%	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)	74.3%	80.0%	82.6%	Variation (negative)
Exception rate (number of exceptions).	10.6% (173)	6.5%	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)	75.8%	85.4%	90.0%	Variation (negative)
Exception rate (number of exceptions).	9.6% (14)	11.2%	6.7%	N/A

Any additional evidence or comments

At the time of this inspection, exception reporting rates for some clinical indicators were higher than CCG and national averages. For instance, the practice exception reporting rate for patients receiving an asthma review was 18% (CCG 5%, national 7.7%) whilst the exception reporting rate for patients with COPD having a review was 24% (CCG 10.5%, national 11.5%) and the practice had excepted 9.6% of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more (CCG 11.2%, national 6.7%).

The practice told us this had arisen as a result of lack of clinical capacity during a period of staffing instability. We looked at validated QOF data published after this inspection for 2018/2019 and found exception reporting rates were now in line with local and national averages for all indicators except atrial fibrillation which was now 11.6% compared to 9.6% previously and to the local and national averages of 8.6% and 5.9% respectively. This represented an increase of two patients exception reported.

Families, children and young people

Population group rating: Good

Findings

- Published childhood immunisation uptake rates were below World Health Organisation (WHO) targets. After the inspection, the practice provided information which demonstrated a data processing error beyond the control of the practice meant no immunisation data was submitted for the final quarter of 2018/19. We were able to review the unsubmitted data and found uptake rates for this quarter were above WHO targets. For instance, we saw 98% of children aged 2 had received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) whilst 95% had received immunisation for measles, mumps and rubella (one dose of MMR). The practice also explained that previous staffing instability in the nursing team had been addressed following a successful recruitment programme and this had increased clinical capacity to provide immunisation clinics and to contact parent and carers who had not responded to previous invitations. We also noted immunisations were given opportunistically and the practice had

processes in place to work closely with health visitors and other community practitioners to promote the benefits of childhood immunisations.

- 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), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	145	205	70.7%	Below 80% uptake
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	157	210	74.8%	Below 80% uptake
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)	163	210	77.6%	Below 80% uptake
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)	163	210	77.6%	Below 80% uptake

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

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	64.3%	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)	69.2%	62.2%	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)	53.5%	45.9%	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) (PHE)	70.2%	73.5%	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)	52.8%	49.1%	51.9%	No statistical variation

Any additional evidence or comments

At the time of this inspection, we looked at data from Public Health England which showed the practice uptake rate for the cervical cancer screening programme was 64.3% which was lower than the 70% target. The practice told us recent changes to nursing capacity had increased resources available to contact eligible patients who had not responded to invitations as well as to offer opportunistic appointments when eligible patients were attending the surgery for other reasons. Data published after the inspection showed the practice uptake rate had increased to 70.93% for 2018/2019.

Uptake rates for other national screening programmes were in line with local and national averages.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- We saw evidence the practice worked with multi-disciplinary teams to support and provide care for people on the trans care pathway.
- 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

- Clinical outcomes for people experiencing poor mental health were inline with local and national averages. Although we noted QOF data for 2017/2018 showed only 68.5% of patients with schizophrenia, bipolar affective disorder had alcohol consumption recorded, (CCG 90.3%, national 90%), we were able to review more recently published data after the inspection and found this was now 84.7% which was in line with local and national averages of 88.1% and 90.2% respectively.
- 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.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	83.6%	90.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.9% (8)	6.9%	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)	68.5%	90.3%	90.0%	Variation (negative)
Exception rate (number of exceptions).	4.4% (6)	6.8%	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)	83.0%	84.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.4% (5)	6.3%	6.6%	N/A

Any additional evidence or comments

We noted practice exception reporting rates for people experiencing poor mental health were in line with or below local and national averages for 2017/2018 and data published after this inspection showed this trend had continued.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	521.6	532.4	537.5
Overall QOF score (as a percentage of maximum)	93.3%	95.2%	96.2%
Overall QOF exception reporting (all domains)	5.5%	5.9%	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

<ul style="list-style-type: none"> The practice had undertaken 16 clinical audits within the previous two years including three completed audit cycles. Completed audit cycles included an audit of patients diagnosed with Health Anxiety Disorder. When the practice had carried out the first audit cycle, it found clinicians were not always aware of the need to code this condition and only 7 patients had been coded with the condition. The clinician undertaking the audit had spoken with colleagues and found there was sometimes a reluctance to record this condition because of the perception that hypochondriasis was considered to be a stigmatising diagnosis. The practice discussed the findings of the audit at a clinical meeting to increase awareness that health anxiety could be diagnosed in the presence of existing disease and clinicians were encouraged to use read codes to increase identification of the condition. When a second audit cycle was undertaken four weeks later, the practice found one additional patient had been identified, however, it also found awareness had been maintained with clinicians continuing to consider the possibility of health anxiety disorder as a diagnosis.
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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 ¹
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	Y

their performance was poor or variable.	
Explanation of any answers and additional evidence:	
1. On the day of the inspection, the practice was unable to provide evidence of a competency assessment for one member of staff undertaking vaccinations under the guidance of patient specific directions. However, the day after the inspection, the provider forwarded an email which showed they had been assessed as competent.	

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) <small>(QOF)</small>	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Referrals to services could not be accessed via the practice website. 	

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>	90.0%	94.9%	95.1%	Variation (negative)
Exception rate (number of exceptions).	0.5% (14)	0.8%	0.8%	N/A

Any additional evidence or comments
The practice told us a historical period of staffing instability in the nursing team had impacted on some aspects of its programme to help patients live healthier lives including smoking cessation. Although data for 2017/2018 showed the percentage of patients with certain defined conditions whose smoking status had been recorded was 90% which was below local and national averages (CCG 94.9%, national 95.1%) we were able to review data published after this inspection which showed the practice rate was now 92.3% which was in line with the CCG average of 94.3% and the national average of 95%.

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.	Y

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
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	18
Number of CQC comments received which were positive about the service.	15
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient comment cards	Patients commented that they were listened to, had time to discuss their concerns and were involved in making decisions about their care.
NHS Website	The practice was rated four out of five stars on the NHS website. There were twelve reviews in preceding twelve months, of which eight rated the practice with the maximum rating of five stars.

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
17716	362	105	29%	0.59%

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)	88.2%	85.1%	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)	88.4%	81.6%	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)	97.1%	92.8%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	79.9%	78.5%	82.9%	No statistical variation

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: The practice used an electronic tablet-based British Sign Language interpreter service which meant people with impaired hearing had access to face to face interpretation.	

Source	Feedback
Interviews with patients.	We spoke with five patients on the day of the inspection, each of who told us they found clinicians to be helpful explaining conditions and treatments.

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)	93.4%	89.5%	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:	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 177 patients who were carers, this was approximately 1% of the practice population.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice maintained a dedicated carers noticeboard in the waiting area and used this to provide signposting information about services available to carers. Specific information was available to younger carers, for instance details of a community organisation which provided support for young people with caring responsibilities. Carers were offered access regular health check appointments and annual flu vaccines as well as priority access to GP appointments to discuss how their caring responsibilities affected their mental health. In addition, the practice hosted a Citizen Advice Bureau advisor and signposted carers to this service when this was helpful.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The practice sent a letter or condolence card. Information on bereavement services was displayed in reception.

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:

Telephone calls were routinely taken in the rear of the reception area where conversations could not be overheard. Although some calls were taken at the reception desk during busier periods, we noted staff were careful not to repeat private information or details which risked identifying the caller's identity.

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: <ul style="list-style-type: none"> The practice was fully accessible, and a lift had been installed to assist patients whose appointments were on the first floor of the building. A hearing loop was available at the practice. 	

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
Saturday	8:45am – 12:15pm
Appointments available:	
Monday	8am – 6:30pm
Tuesday	8am – 6:30pm
Wednesday	8am – 6:30pm
Thursday	8am – 6:30pm
Friday	8am – 6:30pm
Saturday	8:45am – 12:15pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17716	362	105	29%	0.59%

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)	94.2%	92.5%	94.5%	No statistical variation

Any additional evidence or comments

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.
- A number of patients were residents in a local nursing home and the practice carried out a weekly clinical session and worked with the Care Homes Assessment Team (CHAT) to support care home staff manage the cases of more complex residents.
- The practice was part of a Closer to Home Integrated Network (CHIN) which consisted of a dedicated team of a GP, pharmacist, community matron and community navigator and this team provided holistic care to patients aged over 75 who were prescribed with ten or more medicines.
- 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.
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: add rating

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice was a training practice and had established chronic disease management clinics run by GP Registrars, supervised by GP Trainers, where longer appointments of up to 30 minutes were available.
- Although the practice only offered non-urgent appointments up to seven days in advance, GPs could issue patients with Forward Booking Slips with authorised non-clinical staff to override the two-week embargo. This meant patients who required frequent or time-sensitive follow-up appointments were not required to queue or telephone for forward appointments.

- The practice had recently finalised arrangements to commence providing group consultations for Turkish speaking patients diagnosed with diabetes. Shortly after this inspection, we were told this programme had started and the practice was planning evaluation activity to assess the impact of the initiative.
- 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

- Nurse appointments were available from 8am until 6:30pm which meant school age children did not need to miss school if they required an appointment.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open between 8:45am and 12:15pm every Saturday until 8.15pm.
- The practice was a member of the local GP Federation and was one of the locations used for extended hours access appointments. This meant patients had access to these additional pre-bookable appointments were also available at additional locations within the area.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- At the time of this inspection, the practice had recently appointed a social prescriber and an employment start date had been agreed.
- 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. Patients whose lifestyle made it difficult to adhere to pre-arranged appointments were seen on the day.
- The practice hosted a mental health liaison worker and were able to refer patients with complex mental health conditions to this service where additional support was available.
- 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

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)	57.2%	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)	65.7%	64.1%	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)	66.5%	62.5%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	76.6%	69.0%	73.6%	No statistical variation

Any additional evidence or comments

Although the practice was not an outlier for any question in the national GP survey it had identified feedback received through the NHS website which showed improvements could be made to the telephone service and access to appointments. The practice had worked with the CCG's quality improvement project team to map patient journeys with a view to identifying bottle-necks or areas where calls could be redirected earlier. In addition, the practice had invested in technology to monitor telephone activity, so it would be able to more flexibly with resources during busier periods. At the time of this inspection we were told the practice would be training one member of the non-clinical team to help patients navigate the local health care system, but this role had not yet commenced.

Source	Feedback
NHS website	Although the majority of reviews left on the NHS website were positive, four included negative comments about access to appointments.
Patient interviews	Patients we spoke with on the day of the inspection told us they had been able to access appointments when they needed them.

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.	27
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	4 ¹
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y ²
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
1. Although the practice complaints procedure indicated complaints would be acknowledged within 3 working days of receipt, we saw one instance where the complainant had not received an acknowledgement after ten days.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient was unhappy a prescription was changed without discussion, had not been signed before being issued and did not have repeat prescribing dates included.	The practice had investigated the details of the complaint and found changes had been made to the prescription during a medicine review by the practice-based pharmacist, but this had not been explained to the patient at the time. The practice apologised to the patient and provided details about to take the complaint further if the complainant wasn't satisfied with the practice response.
Patient was unhappy at being asked to disclose their reason for requesting an appointment with a GP and felt staff had insisted on asking.	The practice reviewed the background to the complaint and found the member of staff had been attempting to ensure the patient was directed to the most appropriate clinician because clinicians had different lead areas or special interests. The practice had written to the patient with assurances about their right to privacy.

Well-led

Rating: Good

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">• The practice engaged with their CCG and Primary Care Network.• Practice staff were aware of the challenges to their practice and other practices in the area. Actions had been taken to address these challenges where possible.• All the staff we spoke with during the inspection gave a positive account of their interactions with managers and clinicians.• Staff told us that they felt valued by management and treated fairly.• Succession planning had been discussed.	

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

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: <ul style="list-style-type: none"> • Staff told us they would be comfortable raising concerns with management and felt that they would be addressed. • Staff had a good understanding of the duty of candour. Complaints and significant event processes supported these principles. 	

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

Source	Feedback
Staff interviews	Staff we spoke with during the inspection told us they were encouraged and given support to become involved in new areas of responsibility, for instance developing services for carers.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y ¹
There were appropriate governance arrangements with third parties.	Y ²
Explanation of any answers and additional evidence:	

1. The nursing team was still relatively new to the practice and there were areas where lead responsibility was not yet clearly defined which meant some systems were not working as effectively as intended. For instance, some areas for improvement highlighted in the most recent infection prevention and control audit were not being addressed consistently and it wasn't clear whose responsibilities included monitoring emergency medicines held at the practice. However, we noted the practice had put a development plan in place to support the nursing team and this included formal training and mentoring. We also saw significant improvements had been made to patient outcomes because of the increase in nursing capacity. This included reducing exception reporting for most long-term conditions and improving recall systems for cancer screening programmes.
2. The practice-based pharmacist was employed by the local GP Federation, but their services were delivered on behalf of the practice on the days when they were working there. However, the precise relationship between the pharmacist and the practice, particularly with regard to governance and oversight was not fully established. For instance, we noted the pharmacist was able to make changes to prescriptions by removing items, but it was not clear how this was communicated to patients.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

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

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
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence: We saw examples where the practice had reviewed specific information governance concerns and details of actions taken to prevent recurrences. For instance, we noted the practice had taken steps to ensure staff were clear about identity when patients shared first and second names so confidential information would not be shared with the wrong patient.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y ¹
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:	
The practice had a conventional PPG which met in person on a quarterly basis but had also recently established a concurrent virtual PPG which used online channels to communicate. We were unable to assess the impact of this group as it had not been in existence for a sufficient period of time to demonstrate a track record of achievement.	

Feedback from Patient Participation Group.

Feedback
Members of the PPG we spoke with told us they found the practice to be responsive to ideas, inclusive when discussing innovation and transparent when addressing challenges.

Any additional evidence

We noted the practice produced a staff newsletter and used this to communicate changes to the practice, introduce new staff as well as trainees and medical students and promoting training and development opportunities.

Continuous improvement and innovation

There were 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:	
The practice was a teaching and training practice which meant it provided placement opportunities to medical students and training internships for trainee GPs. Trainee GPs were provided with opportunities to participate in and manage clinical audit activities as well as providing chronic disease clinics under GO supervision. This meant the practice was able to benefit from access to latest theory	

and practice currently being taught at medical schools.

Examples of continuous learning and improvement

The practice was involved in The Individual Placement and Support Trial, a primary care-based employment support service for unemployed people with long-term conditions and/or disability. This involved patients meeting with GPs and employment specialists trained in working with people who have a health condition or disability to support them returning to work. At the time of this inspection, the project had not yet been fully evaluated although we noted, in total, over 600 referrals had been made to the scheme since its inception.

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.