

Care Quality Commission

Inspection Evidence Table

Essex Lodge (1-582393811)

Inspection date: 7 October 2019

Date of data download: 30 September 2019

Overall rating: Good

The rating has moved from requires improvement overall to good overall due to improvements the provider has made in delivering more responsive and well-led services. However, well-led remained rated as requires improvement because improvements in this area were insufficient.

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>Child and adult safeguarding policies were clear and comprehensive.</p> <p>Non-clinical and clinical staff including chaperones were aware of safeguarding considerations and trained at a level appropriate to their role.</p> <p>Safeguarding issues were discussed with allied health and social care professionals at multidisciplinary meetings and safeguarding meetings and weekly staff and clinical meetings.</p> <p>All policies including the safeguarding policy were accessible to staff via a shared desktop drive.</p> <p>There was a safeguarding register for both adults and children and records showed they were appropriately reviewed.</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>A comprehensive recruitment process was implemented. Immunity status and appropriate medical indemnity insurance were in place for relevant staff.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: 17 June 2019</p>	Y
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: 26 March 2019</p>	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
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: July 2019</p>	Y
<p>There was a log of fire drills.</p> <p>Date of last drill: 9 July 2019</p>	Y
<p>There was a record of fire alarm checks.</p> <p>Date of last check: 4 October 2019</p>	Y
<p>There was a record of fire training for staff.</p> <p>Date of last training: Ongoing online training, all staff up to date.</p>	Y

There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 19 August 2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: Arrangements were in place to ensure safe storage of the Oxygen cylinder and Control of Substances Hazardous to Health (COSHH), such as cleaning chemical were locked away. There were designated fire marshals, and regular fire drills testing of the fire alarm were undertaken. Fire safety risk assessments actions identified were carried out including to ensure gas safety, fire blankets and appropriate smoke seals around fire doors.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 29 January 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 29 January 2019	Y
Explanation of any answers and additional evidence: Health and safety risk assessments actions identified were carried out including to ensure electrical safety and relevant staff training.	

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: 12 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: Infection control risk assessments actions identified were undertaken including to improve cleaning arrangements and a designated clinical waste area.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Rota planning was clear and well managed. Staff rota cover and emergency cover arrangements were effective.</p> <p>Panic systems for emergency alarms were on the practice computer system.</p> <p>The practice used a frailty index to tool to identify whether patients that needed or had received three monthly reviews.</p> <p>Patients clinical risk was assessed using relevant national guidelines and all staff were trained in sepsis awareness.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment but systems for referrals were not consistently effective.

	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.	Partial
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>Urgent and routine referrals were made and appropriate but there was insufficient oversight to ensure appropriate follow up to monitor, encourage and ensure patients attended their appointments. We asked to see a report of all electronic referrals and found multiple entries where the outcome status was unclear such as a cancelled, incomplete, rejected, and "DNA" (patient did not arrive). Staff were allocated to follow up referrals, but the process did not tally or reconcile the referrals outcome status list and ensure appropriate safety netting for patients. We checked a random sample of seven of the most urgent referrals and found six of seven had been followed up. After our inspection the practice submitted evidence that it had undertaken a referrals audit to ensure prompt referrals were followed up i and that no patients were at the risk of harm. The practice also sent us a summary of implementing actions to improve oversight of referrals and follow up.</p> <p>Staff across all roles were appropriately trained to share information.</p> <p>Appropriate arrangements were in place for summarising patients records.</p> <p>There were no backlogs of test results or tasks.</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) (NHS Business Service Authority - NHSBSA)	0.63	0.72	0.87	Tending towards 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) (NHSBSA)	7.5%	9.7%	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) (NHSBSA)	5.93	5.64	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit	1.47	1.45	2.08	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)				

Any additional evidence or comments
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) data showed the practice was tending towards a positive performance variation for this element of antibiotics prescribing.

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.	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
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.	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

Medicines management	Y/N/Partial
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>There were no controlled drugs on the premises.</p> <p>Records for patients prescribed a range of high-risk medicines showed they were appropriately monitored.</p> <p>Patient Group Directions (PGDs) are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We checked three PGDs for nursing staff administering injectable medicines and all were in place and appropriate.</p>	

Track record on safety and lessons learned and improvements made

The practice had a system to learn and make improvements when things went wrong but it was not consistently effective

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.	Partial
Number of events recorded in last 12 months:	13
Number of events that required action:	13
<p>Explanation of any answers and additional evidence:</p> <p>The practice had system to identify, record, analyse and learn from individual significant events but follow up was not always sufficiently thorough or prompt and there was no framework in place to identify trends.</p>	

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

Event	Specific action taken
A vulnerable patient with a serious illness that received an important medicine at the wrong time.	Staff identified the error that could have resulted in a negative outcome for the patient. However, there was significant delay in appropriate follow up considering the vulnerabilities of the patient. In addition, there was no evidence of wider discussion and learning or action to prevent recurrence and improve safety.
A patient whose diagnosis was delayed for two years.	The practice carried out an investigation and reviewed all the information and appointments including hospital appointments where the diagnosis was also not made.

	Clinicians met to review, discuss and raise awareness in light of best practice guidelines. The practice concluded this significant event was an example of good clinical care.
A patient was prescribed the wrong medicine.	Staff promptly identified the prescription been collected, contacted the patient to apologise to them, and updated the patient record to remove and cancel the prescription from their record.

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
Explanation of any answers and additional evidence: Staff received, filtered, cascaded and followed safety alerts up. We checked two examples where relevant patient searches and actions were undertaken.	

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
Explanation of any answers and additional evidence: Regular clinical meetings took place where best practice guidelines including National Institute for Health and Care Excellence (NICE) guidelines were discussed. Care plans were appropriate including for patients with asthma, diabetes, cardiovascular disease, mental health concerns and frail elderly patients.	

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) <small>(NHSBSA)</small>	0.49	0.32	0.75	No statistical variation

Older people

Population group rating: Good

Findings

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

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG	England	England
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		average	average	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>	68.1%	71.3%	78.8%	Tending towards variation (negative)
Exception rate (number of exceptions).	9.3% (66)	6.9%	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>	76.7%	79.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	11.3% (80)	5.0%	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>	71.2%	79.7%	80.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	10.3% (73)	7.5%	13.5%	N/A
Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.8%	78.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	6.2% (37)	3.0%	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 31/03/2018) <small>(QOF)</small>	91.2%	92.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.0% (9)	6.8%	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)	80.9%	81.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	6.4% (82)	3.2%	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)	89.5%	88.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.0% (4)	5.7%	6.7%	N/A

Any additional evidence or comments

The practice was aware its performance for patients with diabetes IFCC-HbA1c is 64 mmol/mol or less and last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less data was trending negatively. Staff told us this was due to catching up with 3,000 additional patients on during that period. In response they had taken on extra GPs capacity to meet this increased demand. The most recent unverified and unpublished data held at the practice indicated 69.64 of 86 points (81%) overall had been achieved for diabetes care and treatment.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were slightly below the World Health Organisation (WHO) targets which the practice was aware of and in the process of catching up following a rapid increase to its list size. Improvement actions included dedicated staff contacting patients and guardians and encourage uptake. The most recent unverified unpublished quarterly data to 1 April 2019 held at the practice indicated the uptake rate for childhood immunisations for two-year olds was 92.53%.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	136	160	85.0%	Below 90% minimum
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)	140	164	85.4%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	141	164	86.0%	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)	138	164	84.1%	Below 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to	61.2%	N/A	N/A	Below 70% uptake

64) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	60.3%	55.0%	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)	44.5%	45.1%	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)	60.0%	80.4%	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)	30.6%	44.3%	51.9%	Tending towards variation (negative)

Any additional evidence or comments

At our previous inspection 28 August 2018, females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) was 15% lower than the national average and the practice had no formalised system to monitor or improve the uptake of screening.

At this inspection 7 October 2019, females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) was 10% lower which was an improvement of 5% on last year relative to the national average.

The practice was aware further improvements were necessary and had acted to ensure practice nursing staff were deployed on the rota including those able to speak languages reflected in the local community such as Bengali to explain and encourage patient's uptake.

The most recent unverified and unpublished data held at the practice indicated 88% of eligible patients aged 50 to 64 years had an adequate smear in the last 5 years, in the five months up to 7th October; and 73% of eligible patients aged 25 to 49 had an adequate smear in the same timeframe.

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) was 20% lower than the local average and 10% lower than the national average; and the 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) was tending toward a negative variation. We brought this to staff's attention including to consider the lack of oversight of referrals processes and they were unsure why these data measures were lower than average.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.

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

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- 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) <small>(QOF)</small>	92.7%	90.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	6.2% (9)	8.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.8%	91.6%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	6.2% (9)	4.9%	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)	77.6%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.3%	6.6%	N/A

Any additional evidence or comments

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) was tending towards a positive performance indication.

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)	541.8	510.1	537.5
Overall QOF score (as a percentage of maximum)	96.9%	91.2%	96.2%
Overall QOF exception reporting (all domains)	7.9%	5.1%	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

Audit area	Impact
To improve appropriate antimicrobial prescribing stewardship, specifically prescribing of co-amoxiclav.	In the first audit cycle, 16 of 30 patients (53%) had been prescribed this antibiotic in line with best practice guidelines. Clinical staff met to discuss the results and review best practice guidelines. In the second audit cycle, of 30 patients 25 of 30 (83%) of patient's had been prescribed in line with best practice guidelines.
To ensure appropriate of valproate use in women of childbearing potential.	In the first audit cycle, performance indicators for two out of three indicators were 100% but two of four patients (50%) had an up to date signed annual risk assessment in place.

Clinical staff met to discuss the results and raise awareness in accordance with best practice guidelines. In the second audit cycle of four patients, all (100%) had received all clinical care and treatment considerations, including a signed annual risk assessment.

Any additional evidence or comments

The practice had undertaken five two cycle clinical prescribing audits in the last two years including for high dose opioids, cephalosporins, and to reduce the risk of hypoglycaemia in high risk patients with type 2 diabetes.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: We saw staff were able to manage data and by using internal systems effectively in accordance with their roles. The practice regularly audited cervical screening “inadequate” sample tests and rates were low which indicated sample takers competence.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (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.	Partial
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>Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved but systems to ensure patients referrals follow up needed improving.</p> <p>Monthly multidisciplinary meetings were held as well as additional communications as needed for palliative care, diabetic, and vulnerable patients.</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
<p>Explanation of any answers and additional evidence:</p> <p>There was varied health promotion in the reception area including relating to immunisations and common ailments.</p> <p>Patients feedback and care plans indicated staff encouraged and educated patients appropriately to help patients live healthier lives.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions:	96.5%	96.5%	95.1%	No statistical variation

CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	1.8% (38)	0.7%	0.8%	N/A

Consent to care and treatment

The practice 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: We checked records for patient's minor surgery, cervical screening, and immunisations and saw evidence patient's consent was sought and recorded.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
CQC comments cards	
Total comments cards received.	12

Number of CQC comments received which were positive about the service.	8
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	0

Source	Feedback
1. GP Patient Survey results.	Clinical and non-clinical staff are kind, caring and respectful.
2. CQC patient comment cards.	Eight of the 12 comment cards were entirely positive and four were mixed. Of the four mixed comment cards three expressed dissatisfaction with either getting an appointment or their appointment not running on time. Patients said staff were caring.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12493	451	110	24.4%	0.88%

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)	81.0%	83.7%	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)	79.7%	81.0%	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)	90.8%	91.3%	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)	70.7%	75.6%	82.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Question				Y/N
The practice carries out its own patient survey/patient feedback exercises.				Y
Any additional evidence				
The practice had an action plan and acted on patient's feedback forms and on its survey results to make improvements. Improvements included repeat prescribing and to help patients with registration.				

Involvement in decisions about care and treatment

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

		Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.		Y
Staff helped patients and their carers find further information and access community and advocacy services.		Y
Source	Feedback	
1. GP Patient Survey results.	Patients are involved in their care though being listened to and options explained.	
2. Patient CQC comment cards.	Patients said staff were professional and that they were confident about the care they received.	

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)	89.5%	87.9%	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

Carers	Narrative
Percentage and number of carers identified.	The practice register of all people who are carers is 203 patients, 2% of the practice list size.
How the practice supported carers (including young carers).	The practice had a GP and management staff member dedicated carer's lead that led quarterly carers meetings. The practice provides a carer's support pack including signposting details to relevant external support organisations that are also invited to carers meetings.
How the practice supported recently bereaved patients.	Staff contacted bereaved patients and where appropriate a patient consultation at a flexible time and location to meet the family's needs was offered.

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff were aware of offering a private space if necessary.</p> <p>Staffed used of NHS login cards and filed documents promptly .</p> <p>We observed staff were quiet when speaking with patients, to minimise the chances of conversations being overheard.</p>	

Responsive

Rating: Good

At our previous inspection 28 August 2018, the practice was rated as Requires improvement for responsive services due to concerns relating to systems for receiving and acting on complaints. At this inspection those concerns had been sufficiently addressed and the practice is now rated as 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:	
There was accessible parking, step free access, a disabled toilet, baby changing facilities, and hearing loop available.	
Reception staff were aware of circumstances requiring a home visit such as physical frailty and cognitive impairment.	
GPs were available for home visits or telephone assessment where necessary.	

Practice Opening Times	
Day	Time
Monday	7.30am-7:00pm
Tuesday	8am-6:30pm
Wednesday	8am-6:30pm
Thursday	8am-6:30pm
Friday	8am-6:30pm
Saturday	8am-1:00pm

Appointments available	
	Monday to Friday 8am-6:30pm. Saturday 8.00am-12:00pm
Off-site after-hours surgeries- 8am to 8pm Monday to Sunday. The extended hours service offers weekday evening appointments from Wednesday to Friday between 6.30pm to 9.30pm, and Saturday morning appointments between 9.00am to 12.00pm.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12493	451	110	24.4%	0.88%

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)	90.4%	90.6%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice 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: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Appointments were available after school hours for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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.
- Appointments were available Saturday 8.00am-12:00pm. Off-site after hours surgeries were available from 8am to 8pm Monday to Sunday. Extended hours services offered weekday evening appointments from Wednesday to Friday between 6.30pm to 9.30pm, and Saturday morning appointments between 9.00am to 12.00pm.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

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

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y

Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Reception staff were aware of circumstances requiring a home visit such as physical frailty and cognitive impairment; and when a patient required urgent attention . GPs were available including for home visits or telephone assessment where necessary.</p> <p>Staff knew when an ambulance would be most appropriate for patients experiencing a clinical emergency.</p> <p>GPs were available including for home visits or telephone assessment where necessary.</p> <p>Staff knew when an ambulance would be most appropriate for patients experiencing a clinical emergency.</p>	

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)	71.0%	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)	62.5%	62.3%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	65.2%	63.0%	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)	60.0%	66.9%	73.6%	No statistical variation

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.	26
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	Y
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
--	-------------

Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection 28 August 2018, systems for receiving and dealing with complaints were ineffective because the process to complain was not sufficiently accessible to potential complainants, and Parliamentary Health Services Ombudsman (PHSO) were not included on the practices responses to complaints for patients should they may remain Dissatisfied.</p> <p>At this inspection 7 October 2019, we saw evidence that complaints were investigated and adequately responded to. Lessons were learnt from concerns and complaints and trends were reviewed to inform consideration of service planning and improvements. Complaints were discussed in staff meetings to share learning.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Delayed prescription over a holiday period and the way a member of staff presented themselves.	The practice received and acknowledged and investigated the complaint promptly. Staff contacted the patient to apologise for the delay and explained the bank holiday arrangements as well as addressing the presentation issue with a staff member to provide an opportunity for reflection on appropriate standards and learning.
A complaint a GP was abrupt.	The practice apologised to the patient for their experience and investigated the complaint in conjunction with the relevant GP. The practice wrote to the patient with the outcome and a difference of opinion but acknowledgement of the patient concerns. Complaints were tracked for trends.

Well-led

Rating: Requires improvement

At our previous inspection 28 August 2018, the practice was rated as Requires improvement for well-led services due to concerns relating to leadership capacity and capability, HR arrangements, the practice working culture, and systemic problems with receiving and acting on complaints. At this inspection some of the previous concerns had been addressed but others needed further improvement and we found a limited number of new concerns. Therefore, the practice remains rated as Requires improvement for providing well-led services.

Leadership capacity and capability

Leadership was generally compassionate, inclusive and effective but leaders and managers did not consistently demonstrate they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
They had identified the actions necessary to address these challenges.	Partial
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:	
<p>At our previous inspection 28 August 2018, we noted concerns relating to culture of the practice, and interpersonal dynamics between teams, and arrangements for HR leadership and whistleblowing were ineffective. Some staff said they felt one GP partner was more proactive and able to take responsibility for decisions than the other.</p> <p>At this inspection 7 October 2019, whistleblowing arrangements had been improved and were satisfactory and HR arrangements had been reviewed. However, there were difficulties between the GP Partners including a breakdown in day to day communication. There were unresolved concerns and differences regarding the financial viability / sustainability of the practice such as premises, pay and occupational health considerations that some leaders and managers highlighted or acknowledged but others did not. We conveyed these concerns, as appropriate to relevant stakeholders. There was no evidence of a plan to address issues of leadership working relations, some occupational health considerations or clarity relating to the financial sustainability of the practice. However, the practice had a business plan and plans to ensure the needs of its patient demographic were considered and met. We interviewed the majority of the staff team across all roles and they told leaders and managers were visible and approachable. Some staff again said they felt one GP partner was more proactive and able to take responsibility for decisions than the other.</p>	

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 appropriate continuous professional development arrangements in for both clinical and non-clinical staff which maintained the quality of care afforded to all patient groups. Practice staff confirmed they wanted to do all they could to ensure patients had the right care when they needed it most. Staff were able to articulate the values and priorities of the practice. The strategy was in line with health and social care priorities across the region.</p>	

Culture

The practice culture generally drove high quality sustainable care, but some areas needed further improvement or embedding.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Partial
Staff reported that they felt able to raise concerns without fear of retribution.	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:	
<p>At our previous inspection 28 August 2018, concerns relating to the culture of the practice included a pattern of people not feeling able to share concerns openly or directly with the practice such as patients and staff, leadership responsibilities for HR were not undertaken effectively, and meetings notes were made were not sufficiently clear and did not include a method to ensure actions agreed follow up.</p> <p>At this inspection 7 October 2019 there was evidence of an inappropriate management language and behaviour towards a staff member which indicated a need for management skills to be further developed or embedded in this regard. However, all related HR considerations had been dealt with in accordance with the practice HR arrangements. Although staff had raised significant events we found an example that had not been acted upon sufficiently promptly for a vulnerable patient.</p>	

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

Source	Feedback
Staff	Staff enjoyed working at the practice and felt they were treated equally; the teams were more cohesive, and they felt valued.

Governance arrangements

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

	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:	
At our previous inspection 28 August 2018, concerns relating to governance were meeting notes not being sufficiently clear and did not include a method to ensure actions agreed follow up.	
At this inspection 7 October 2019 the meeting notes structure had been improved but continued to lack a clear method to ensure actions agreed were time scaled, reviewed or followed up.	
There was no system to identify trends in significant event; for example, to provide a method to evaluate improvements from actions in response to a significant event.	

Managing risks, issues and performance

The practice processes for managing risks, issues and performance effective.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
At our previous inspection 28 August 2018, our findings included complaints could not reliably be identified because the complaints process was not sufficiently accessible, and a lead GP partner said they would enlist external support and expertise into the practice to address some of the more complex working culture issues.	
At this inspection 7 October 2019, arrangements for complaints had been improved and were satisfactory, staff team cohesion had improved but further improvement or embedding of improvements was needed in leadership and management cohesion and approach. The practice had undertaken and successfully worked to gain Investors In People accreditation.	
There was insufficient practice insight into some cancer care performance data that was lower than average, and a lack of oversight to ensure appropriate follow up of referrals, including urgent referrals and under the two-week wait system that the practice started to address immediately after our inspection.	
There were clear systems and processes for safeguarding including registers and alerts for protected and vulnerable patients. Staff were appropriately trained in safeguarding at a level appropriate to their	

role. The practice had analysed its GP Patient survey results that indicated patients were satisfied. We collected 12 CQC patient comment cards where patients feedback indicated the practice was performing in an efficient and caring way, and that staff were kind and professional. Health and safety risk assessments and remedial actions were undertaken to improve safety including for fire, infection control and premises. The practice had participated in regular drills and there was an effective major incident plan in place.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
The practice used data such as overall QOF performance and GP Patient survey data to monitor and improve care. Staff performance appraisals were undertaken annually.	

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
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 was aware of and provided its services in line with local needs and in line with best practice guidelines. The practice had acted on feedback from staff and patients to improve arrangements for repeat prescriptions.	

Feedback from Patient Participation Group.

Feedback
The PPG was complimentary about the practice and its staff and told us there was a positive and proactive partnership working relationship. The PPG had submitted proposals to improve telephone access that had been implemented.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence:	
There were a range of continuous clinical audits and the practiced had gained Investors In people Accreditation. Learning was generally shared effectively and used to make improvements arising from patient's feedback including complaints, but there were no arrangements to review significant events trends or evaluate improved actions arising from significant events.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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