

Care Quality Commission

Inspection Evidence Table

Pinehill Surgery (1-542881504)

Inspection date: 17 September 2019

Date of data download: 15 August 2019

Overall rating: Requires Improvement

The practice has moved from a rating of inadequate to requires improvement. This is because the practice took steps to improve the quality of care provided.

In particular, the practice:

- Improved systems and processes to ensure safe patient care.
- Recruited additional staff for leadership roles.
- Created registers to identify and monitor vulnerable patients.
- Ensured staff had protected time to complete required training in a timely way.
- Improved governance systems.
- Engaged with patients, staff and other stakeholders.

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

**Safe
Improvement**

Rating:

Requires

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.	N
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

Safeguarding	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>Partners and staff were trained to appropriate levels for their role or had been booked into training courses.</p> <p>Since the last inspection in January 2019, we found the following improvements:</p> <p>The practice used a document management system to keep policies reviewed and up to date and support administrative tasks crucial to the efficient running of the practice.</p> <p>The practice had set up registers since the last inspection to ensure vulnerable patients were closely monitored. These included vulnerable adults, vulnerable children, carers, military veterans, palliative patients, housebound patients and patients who were pregnant and vulnerable.</p> <p>The practice attended regular multidisciplinary meetings to discuss palliative and housebound patients, which included community health professionals and hospice representatives. We reviewed the minutes of a meeting held on 27 August 2019.</p> <p>The practice attended quarterly safeguarding meetings which included the local health visitor. We reviewed the minutes of the last meeting held in September 2019 during our inspection, and found these to be detailed and appropriate.</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

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: 27 August 2019	Y
There was a record of equipment calibration. Date of last calibration: 27 August 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 9 August 2019	Y
There was a log of fire drills. Date of last drill: 29 August 2019	Y
There was a record of fire alarm checks. Date of last check: 16 September 2019	Y
There was a record of fire training for staff. Date of last training: 21 August 2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 8 May 2019	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since the last inspection, the practice had taken steps to improve safety systems. Staff had been given protected time to complete their training and fire extinguisher checks (monthly), fire alarm checks (weekly) and fire drills were carried out regularly.</p> <p>Actions had been completed from the fire risk assessment ahead of target dates.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 12 June 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 12 June 2019	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were generally 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: 19 June 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: During the inspection we reviewed an infection control audit and a cleaning audit. Both were satisfactory. We observed the practice to be clean and well organised. There was no evidence of clutter. However, in a treatment room we observed a sharps bin which was undated and more than three quarters full. Sharps bins should be dated on assembly and disposed of when three quarters full. We observed other sharps bins in the practice to be appropriately assembled.	

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	Y

impact on safety.	
<p>Explanation of any answers and additional evidence:</p> <p>A new system was in place to manage staff absences. A temporary member of staff was working on the day of the inspection to cover another staff member's annual leave.</p> <p>The practice had not been able to recruit practice nurses since the last inspection. A regular locum nurse worked two days a week covering immunisations, cervical screening and phlebotomy. The practice had an arrangement with a neighbouring practice for specialist nurses (diabetic and respiratory) to hold twice monthly clinics at the practice carrying out patient reviews for specific long-term conditions. This had led to a waiting list of patients requiring long-term condition reviews. GPs regularly reviewed the list to ensure that any 'at risk' patients were seen by a GP and did not have to wait for an appointment.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation, with the exception of blank prescription stationery.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	0.64	0.85	0.88	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). (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	5.9%	9.1%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>	3.95	5.47	5.61	Variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>	2.99	2.63	2.07	No statistical variation

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.	Partial
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.	NA
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	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice did not have any non-medical prescribers and did not hold any controlled drugs.</p> <p>We found blank prescriptions were stored securely. There was a system in place to sign out blank prescriptions on a daily basis and sign them back in at the end of the day. Staff told us this was completed on a daily basis; however, the records did not always demonstrate this. The practice manager told us that they were continuing to recruit administrative/reception staff and during this time staff were extremely busy and occasionally forgot to sign the book, even though they had completed the task.</p> <p>We found there were appropriate Patient Group Directives (PGDs) in place. We found two Patient Specific Directives (PSDs) which had either not been signed or had not been dated by the administering healthcare assistant. They had been appropriately authorised.</p> <p>Fridge temperatures were monitored to ensure they remained within safe storage range for vaccines and medicines. A cold chain breach had been identified on 9 September 2019. The practice had taken appropriate action by contacting the manufacturer and there were clear instructions on the fridge for any staff using the identified medicine. The practice demonstrated that correct protocol had been followed.</p> <p>There was a system in place to monitor repeat prescription requests. However, due to the shortage of administrative/reception staff, this was not always done. We reviewed the repeat prescription collection box and did not find any delayed prescriptions which were considered high risk or related to mental illness.</p> <p>The practice had a policy of reducing opiate prescribing to ensure safe and effective treatment.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	5
Number of events that required action:	5
Explanation of any answers and additional evidence: There had been five events recorded between May 2019 and September 2019. The new practice manager was recruited in May 2019. Prior to this, there had not been an efficient system for recording significant events.	

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

Event	Specific action taken
Driver and vehicle licensing agency (DVLA) form not completed by practice	New protocol in place to ensure patient sees optician before submitting the form to the practice for completion.
Prescription error	Clinical meeting held to discuss. Additional learning material downloaded and implemented.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
Explanation of any answers and additional evidence: There was a system in place for acting on safety alerts. The practice manager received the alerts and asked the GPs what action should be taken. However, we found that appropriate searches had not been undertaken, for example, in relation to recent alerts regarding antiphospholipid syndrome or direct oral anticoagulants (DOACs).	

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) (01/04/2018 to 31/03/2019) (NHSBSA)	0.10	0.73	0.77	Significant Variation (positive)

Older people

Population group rating: Good

Findings

- The practice appointed a named GP to patients over 75 years of age.
- The practice identified patients who were housebound, a 'rapid access' alert was added to their patient record. Patients were offered six monthly reviews.
- 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. Patients were offered a telephone appointment within two weeks of discharge.
- The practice carried out structured annual medication reviews for older patients, including polypharmacy reviews.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice 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.
- There was a system in place to monitor two-week cancer referrals.

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>	74.1%	82.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	17.4% (31)	16.8%	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>	82.8%	82.5%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.4% (15)	8.2%	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>	89.1%	79.4%	80.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	12.4% (22)	14.9%	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>	78.5%	76.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.6% (4)	7.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.4%	92.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	7.1% (7)	10.8%	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)	84.1%	82.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.0% (5)	3.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	91.4%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	12.5% (5)	7.7%	6.7%	N/A

Any additional evidence or comments

The practice did not employ any specialist nurses at the time of the inspection. Whilst trying to recruit, there was an arrangement with a nearby practice for specialist nurses from the practice to hold clinics at Pinehill Surgery. Diabetic and respiratory nurses held clinics twice monthly each. This had led to a waiting list of patients requiring diabetic, asthma or chronic obstructive pulmonary disease (COPD) reviews. GPs risk assessed the waiting list to ensure that only suitable patients waited for appointments. Any patients at risk were reviewed by a GP.

We reviewed the practice's Quality Outcome Framework (QOF) data and identified the practice demonstrated high exception reporting for cancer indicators. The practice had a low incidence of cancer which skewed the figures. We reviewed the practice unverified 18/19 QOF figures which demonstrated exception reporting in relation to cancer had significantly reduced from 50% to 5%.

Families, children and young people

Population group rating: Good

Findings

- 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.
- Out of school appointments were available for families including Saturday clinics. The influenza vaccination campaign targeted school friendly appointments.
- Weekly safeguarding meetings were held to discuss vulnerable children. These meetings included the local health visitor.
- The practice was working on achieving the 'You're Welcome' quality criteria. 'You're welcome' is a set of quality criteria for young people friendly health services. It provides a systematic framework to help service providers to improve the suitability, accessibility, quality and safety of health

services for young people.

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)	47	51	92.2%	Met 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)	37	40	92.5%	Met 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)	37	40	92.5%	Met 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)	37	40	92.5%	Met 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

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice had recently been promoting cervical screening and were working on a health promotion calendar to provide diverse and regular campaigns.
- A text messaging system was used to confirm appointments, remind patients of upcoming appointments and deliver health promotion messages.
- The practice scored poorly on cancer cases resulting from two week waits.

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) (PHE)	76.1%	N/A	N/A	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	73.1%	73.3%	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)	54.7%	62.3%	54.4%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	50.0%	76.4%	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)	18.8%	45.5%	51.9%	Tending towards variation (negative)

Any additional evidence or comments

The practice had a low cancer detection rate resulting from the two week wait. This meant that 81.2% of all practice cancer cases were detected by either routine referrals or patients going to accident and emergency. The practice had a small patient population group and a low incidence of cancer.

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 considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- Homeless patients were offered immediate and urgent appointments. There was a protocol in place for managing homeless patients, this included offering support to patients and follow up appointments.
- Vulnerable patients had been identified and appropriately flagged on the system to ensure they

were monitored and received regular review. Registers had been created to include; vulnerable children, palliative patients, housebound patients, carers, military veteran and those who were pregnant and vulnerable.

Any additional evidence or comments

Following our last inspection, the practice had created registers of vulnerable patients. These included vulnerable children, carers, military veterans, palliative patients, housebound patients and patients who were pregnant and vulnerable. These were reviewed weekly and used to monitor patients to ensure they received appropriate care such as a review at 22 weeks of pregnancy, rapid access alerts on their records and six-monthly reviews for vulnerable children and housebound patients.

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.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- Patients were referred to NHS and private talking therapies when needed.
- Alerts were added to the medical records of patients with a mental health diagnosis, so staff could offer quieter appointment times.
- The practice performed well, with low exception reporting, in all mental health indicators achieving 100% of patients with psychoses having a documented care plan. This exceeded both CCG and England averages.

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)	100.0%	93.5%	89.5%	Variation (positive)
Exception rate (number of exceptions).	5.0% (1)	10.3%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	92.8%	90.0%	Variation (positive)
Exception rate (number of exceptions).	5.0% (1)	9.1%	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)	95.7%	84.1%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.0% (0)	4.5%	6.6%	N/A

Monitoring care and treatment

The practice had an improved programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554.8	554.9	537.5
Overall QOF score (as a percentage of maximum)	99.2%	99.3%	96.2%
Overall QOF exception reporting (all domains)	4.5%	5.6%	5.8%

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

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

- The practice had previously been rated inadequate and the Care Quality Commission (CQC) had placed the practice in special measures. In response, the practice had developed an improvement plan based on the CQC findings. For example, the practice had built and maintained clinical registers to monitor vulnerable adults and children, developed protocols and embedded policies.
- The practice carried out single cycle medicines audits required by the clinical commissioning group (CCG), for example, review of antimicrobial stewardship and acute sore throat audit.
- The practice had yet to develop a comprehensive plan of two cycle clinical audit.

Any additional evidence or comments

During our last inspection in January 2019, we identified, the practice had not carried out two cycle clinical audits to improve clinical care for patients. Single cycle medicines audits required by the CCG had been completed. During this inspection, we found the situation had not changed. There was no plan in place to develop an audit programme.

The practice followed up hospital discharge letters and offered patients a telephone appointment.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff had protected time to complete required training, this was an improvement since the last inspection in January 2019. Records demonstrated that training was mostly up to date and plans were in place to complete anything outstanding. The practice manager monitored training to ensure staff completed training in a timely way.</p> <p>Staff told us they felt supported and had received regular supervision.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y

Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed minutes of monthly multidisciplinary meetings attended by the practice.</p>	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Patients were provided with weight management and pre-diabetic advice. There was access to support to stop smoking.</p> <p>Registers had been created to include; vulnerable children, palliative patients, housebound patients, carers, military veterans and those who were pregnant and vulnerable. The registers were used to monitor those patients who required extra support and direct them to supporting services, for example, military veterans were directed to the veterans' gateway.</p>	

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>	96.6%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.1% (1)	0.6%	0.8%	N/A

Consent to care and treatment

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

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

CQC comments cards	
Total comments cards received.	22
Number of CQC comments received which were positive about the service.	19
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	3

Source	Feedback
CQC comment cards	Patients who completed positive comment cards said that staff were caring and treated patients with dignity. They said they felt listened to. Two of the negative comments requested higher seating and referred to a shortage of staff. Only one related to how patients were treated, stating that GPs did not always acknowledge problems to be problems.
NHS UK Website	The practice had improved it's rating since the last inspection to four stars out of five. Since the last inspection in January 2019 there had been six reviews, five of these rated the practice as either four or five stars out of five. Patients reported they could see the changes made and felt the staff were welcoming and caring.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3525	335	116	34.6%	3.29%

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	72.1%	90.3%	88.9%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)				
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)	72.9%	88.7%	87.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	85.5%	95.0%	95.5%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	55.4%	82.6%	82.9%	Variation (negative)

Any additional evidence or comments

The data covered the period 1 January 2019 to 31 March 2019, which covered the period of the last inspection in January 2019 when the practice was rated inadequate. The practice had undertaken its own more recent patient surveys since this data was issued which suggests improvement.

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

Any additional evidence

A patient satisfaction survey was carried out in July and August 2019. Patients were asked to rate the practice out of ten and 72% of respondents rated the practice eight or above. Patient comments were also taken into account and responded to. The practice told us that the positive comments helped to lift staff morale and enthusiasm. The overall improvement in the appearance of the practice had a positive impact on patients. This was demonstrated through patient feedback.

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 told us they took time to ensure children understood conversations relating to their health.	

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)	83.3%	93.9%	93.4%	Tending towards variation (negative)

Any additional evidence or comments

Since the last inspection in January 2019, the practice had improved this score from 82.8%. The indicator covered the period of our last inspection and the practice told us they expected this improvement to continue.

	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
<p>Explanation of any answers and additional evidence:</p> <p>Fact sheets were available on the practice's website in 19 different languages including Bengali and Lithuanian.</p> <p>The practice did not have a practice leaflet which would have provided useful information to patients such as business hours, contacts, how to make an appointment, online services, home visits, out of hours services, late night pharmacies or what to do in an emergency.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 27 patients that were also carers. This represented 0.8% of the practice population.
How the practice supported carers (including young carers).	Carers were allocated a carer code for easy identification on the system. The practice recorded details of who they cared for and carried out an annual carers' review. The practice was in the process of developing carers' information pack.
How the practice supported recently bereaved patients.	The practice sent a handmade card to families of recently bereaved patients. Where appropriate, families were visited.

Any additional evidence or comments

The number of carers had significantly reduced since the last inspection. The practice told us this was because carers had been reviewed and coding adjustments had been made due to incorrect coding. Some carers had been removed from the list because they had been identified as occupational carers and some patients (who had a carer) had passed away. The practice manager told us they were actively working on improving the number of identified carers.

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>We saw notices asking patients to stand back at the reception area to offer privacy to the patient in front. We observed telephones to be answered quickly and that reception staff were polite, helpful and friendly with patients.</p>	

If the practice offered online services:

	Y/N/Partial
Patients were informed, and consent obtained if interactions were recorded.	NA
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	NA
Online consultations took place in appropriate environments to ensure confidentiality.	NA
The practice advised patients on how to protect their online information.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Patients were able to request repeat prescriptions online. The practice did not provide online consultations.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	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
<p>Explanation of any answers and additional evidence:</p> <p>Patients had access to multiple secondary care options. The practice had been adapted for disabled and pushchair access. Telephone triage was carried out daily by GPs and same day appointments were released morning and afternoon. A number of appointments were held for GPs to book into following their telephone triage.</p> <p>The practice did not have a hearing loop to support patients with impaired hearing. Patients with a hearing impairment were directed to quiet areas to reduce background noise for communication purposes.</p> <p>The practice had responded appropriately to the findings of the last inspection, demonstrating improvement across services delivered to patients.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30 – 13.00 14.00 – 19.00
Tuesday	8.30 – 13.00 14.00 – 18.30
Wednesday	8.30 – 13.00 14.00 – 19.00
Thursday	8.30 – 13.00 14.00 – 19.00
Friday	8.30 – 13.00 14.00 – 18.30
Appointments available:	
Monday	8.40 – 11.30 14.40 – 19.00
Tuesday	8.40 – 11.30 14.40 – 17.40
Wednesday	8.40 – 11.30 14.40 – 19.00
Thursday	8.40 – 11.30 14.40 – 17.40
Friday	8.40 – 11.30 14.40 – 17.40
Saturday one a month (pre-bookable appointments)	9.00 – 12.00

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3525	335	116	34.6%	3.29%

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)	85.0%	94.1%	94.5%	Tending towards variation (negative)

Any additional evidence or comments

Recent feedback on NHS UK website (patient choices) suggested this indicator was improving. Patients reported that appointments were available to suit their needs and two reported they had been offered an appointment the next day. The practice told us an extra staff member was answering patient calls making it easier to get through on the telephone.

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.
- The practice was accessible to wheelchairs and mobility scooters.
- Palliative and housebound patients were reviewed at monthly multi-disciplinary meetings.
- The practice had a signposting service, using a trained sign-poster. This enabled patients to be signposted to external charities and organisations.

People with long-term conditions

Population group rating: Good

Findings

- 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.
- The practice was in the process of creating a lifestyle register, including smoking status, body mass index (BMI) and alcohol intake.

Families, children and young people

Population group rating: Good

Findings

- Out of school hour appointments were available for children, so they did not have to miss school.
- The practice carried out a monthly audit via hospital letters to identify addictive behaviour. Patients of concern were referred to the GP for review.
- 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. Patients identified were referred to a GP for review and action if necessary.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Family appointments were offered to discuss how to offer support to young carers.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered appointments until 7pm two evenings a week. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available one Saturday a month 9am until 12pm.
- The practice offered telephone consultations and SMS text messaging confirmations and reminders.

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.
- 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.
- The practice referred patients with drug or alcohol addiction to a local clinic.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: The practice had a procedure for the booking of same day appointments.	

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)	58.6%	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)	56.3%	68.5%	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)	38.4%	66.1%	64.7%	Variation (negative)
The percentage of respondents to the GP	61.7%	76.5%	73.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)				

Any additional evidence or comments
The patients' survey covered the period of the last inspection, in January 2019. The practice had worked to improve access to appointments in the intervening period and feedback from patients indicated this had improved.

Source	Feedback
NHS Choices	Feedback on patient choices since the last inspection indicated an improvement in access to appointments. Patients reported appointments were available to suit their needs.

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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: The practice has recorded complaints since the recruitment of the practice manager in May 2019. Prior to this date complaints had not been recorded. We saw evidence of learning from complaints, they were discussed in meetings and messages were emailed to staff who were required to acknowledge they had read and understood.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient did not receive a tetanus	Correct ruling regarding tetanus discussed at meeting. Patient

vaccination	provided with appropriate literature. Information shared with team to make sure all aware.
Patient not happy with clinical decision	Patient offered apology and a further consultation with GP. Discussed at a senior management meeting. Decision made to display charges for sick notes displayed in waiting room.

Well-led Improvement

Rating:

Requires

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.	Partial
There was a leadership development programme, including a succession plan.	N
Explanation of any answers and additional evidence: Following the recruitment of the practice manager in May 2019, we found that leadership within the practice had improved. Staff reported that leadership had changed, they told us they felt listened to and responded to. Staff felt that one of the GP partners was on board with the change in leadership style. The practice did not have a documented leadership development programme although it was clear the practice manager had taken steps to develop her leadership. There was no documented succession planning, however verbal discussion regarding succession planning had taken place for GPs. The practice manager told us staff had been trained in roles other than their own to ensure cover was available for staff absence (temporary or permanent).	

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: Staff told us they felt engaged and involved in the future development of the practice.	

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us they felt supported in their role and that the culture of the practice had improved. They felt able to speak up about any concerns.</p> <p>We found that staff workload for reception and administration staff was still high, although the practice had recruited staff since our last inspection, new staff had not stayed at the practice following training. Recruitment continued to be underway to relieve pressure on administrative staff.</p>	

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

Source	Feedback
Feedback from staff	Staff told us they mostly felt supported and listened to. They felt everyone was trying hard and they appreciated it. They told us the practice manager had been proactive in addressing anything which was raised by staff. One member of staff was temporary, having previously worked at the practice and had noticed a positive change since leaving and coming back.

Governance arrangements

The overall governance arrangements were improved.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: We found that overall governance structures had improved since the last inspection. Staff had been reviewed and some roles redefined, with staff being promoted where appropriate. A new documented management system was in place ensuring policies, procedures and other administrative tasks were regularly reviewed and up to date. A hierarchy of meetings, with set agendas had been set up and evidence of these meetings had been reviewed during our inspection. A comprehensive improvement plan had methodically worked on and had resulted in significant change across the board.	

Managing risks, issues and performance

There were improved processes for managing risks, issues and performance.

	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.	N
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: Overall there was an improvement in assurance systems since the last inspection in January 2019. However, a number of concerns raised at the last inspection had not yet been addressed. These included recruitment of staff (administrative and nursing), a lack of two cycle clinical audits (other than CCG mandatory medicines audits) and appropriate actions had not been taken in response to safety alerts (such as audits and searches). We found, for example, a shortage of staff had led to a failure in the system for recording prescription security, and for appropriately signing and dating PSDs. During the inspection we observed several risks to information governance. On three separate occasions, staff left their computer unattended. On each occasion the member of staff had left the computer logged in and with their smart card still inserted. Screen locks did not automatically kick in until 15 minutes had passed. We noted the practice did not use Clinical Commissioning Group (CCG) provided systems to support their processes such as the QUASAR system for reporting and recording incidents. The QUASAR system used across South Eastern CCG is a data capture system used to collect quality measures and intelligence and spot priority areas to focus improvement.	

The practice had not displayed its CQC rating on either its website or on a noticeboard available to patients. This meant patients had not been informed by the practice about the rating or the areas required for improvement. Legislation is clear that practices must display their rating on every premises from which they operate, and, on every website, they operate. CQC provides tools to enable practices to do this.

The practice were not aware that the repeat prescription box was not always reviewed to ensure high risk prescriptions had been collected, or that information governance standards were not always adhered to.

We found there were improved internal audit processes in place, for example, a quarterly audit was carried out to identify children who repeatedly presented with urgent care services or at the GP service. However, there was no systematic programme of two cycle clinical audit in place. This was also identified during our previous inspection in January 2019.

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
Explanation of any answers and additional evidence: The practice manager had improved information systems, cleansing data and recoding to ensure the system could be used to provide effective care to patients. The whole practice was more organised, co-ordinated and clear of storage overflow and debris.	

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

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice demonstrated they had responded to patient feedback, creating a decorated child friendly area in the waiting room. Evidence was provided that all comments from patients, via the in-house patient feedback survey, had been considered and discussed. Positive feedback from patients had supported the improvement in staff morale.</p> <p>Staff told us they felt listened to and that the practice manager had been proactive in responding to their concerns and requests. Staff told us they were particularly happy they were able to clean up the reception work area and feel more organised in their work.</p> <p>The practice accepted offers of support from the CCG during their journey of improvement.</p>	

Feedback from Patient Participation Group.

Feedback
<p>During the inspection we spoke with the chair of the Patient Participation Group (PPG). The PPG reported improved engagement with the practice since the last inspection in January 2019 with occasional GP attendance. The practice manager always attended the bimonthly meetings.</p> <p>The chair reported positive changes to the practice with staff being more responsive to patients and feedback from patients improving. The PPG had been kept up to date with planned changes and had been given access to the email system to support their administration. The PPG had planned some joint activities with the practice such as supporting influenza vaccination clinics.</p>

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had produced an improvement plan based on the findings of the last inspection in January 2019. The plan identified the issues, the objective, the intervention and the commitment required. Actions taken had been successful in demonstrating improvements to the care and treatment of patients in most areas. We found a small number of issues which still required addressing.</p>	

Examples of continuous learning and improvement

The practice had built and maintained clinical registers to monitor vulnerable children and adults.

engaged with staff, the local community and the CCG and looked at ways to reduce clinician's workload and bridge the gap between current skill sets and skill sets required in the future by optimising workflow and sending staff on coding courses.

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.