Care Quality Commission

Inspection Evidence Table

C.B. Patel & Partners (1-551034159)

Inspection date: 2 October 2019

Date of data download: 23 September 2019

Overall rating: Requires improvement

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

Safe Rating: Requires improvement

When we inspected the service in January 2019, we found that this service was not providing safe care in accordance with the relevant regulations. This was because:

- Risks to patients were assessed and well managed in some areas, with the exception of those relating to safety alerts, some safeguarding procedures, infection control procedures and the management of legionella.
- The practice did not have appropriate systems in place for the safe management of medicines.
- There was an ineffective system in place to monitor the use of blank prescription forms for use in printers and handwritten pads.
- The practice had not carried out premises health and safety risk assessment and some fire safety procedures were not appropriately managed.
- There was a lack of communication and the practice had not widely shared lessons learned from significant events to improve safety in the practice.
- Recruitment checks were not always carried out in accordance with regulations or records were not kept in staff files.

At this inspection in October 2019, we found improvements had been made, however, the practice was required to make further improvements. We rated the practice as **requires improvement** for providing safe services because:

The practice had failed to address some concerns highlighted during the previous inspection in a timely manner and improvements were required. For example,

- The practice could not demonstrate that they had appropriate formal clinical supervision system in place to review and monitor the prescribing competence of non-medical prescribers.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms and handwritten pads were recorded correctly, and records were maintained as intended.

In addition, we found:

- The practice was unable to demonstrate that they had an appropriate system to monitor the registration of clinical staff on an ongoing basis.

- Some staff had raised dissatisfaction regarding the staffing levels at the practice.
- The practice was unable to provide documentary evidence of an asbestos survey.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse. However, some improvements were required.

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:

- Adult and child safeguarding policies were up to date and included the name of the lead member of staff responsible for safeguarding processes and procedures.
- All staff had received up-to-date safeguarding and safety training appropriate to their role.
- Staff who acted as chaperones were trained for their role and had received a DBS check.

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.	Partial

Explanation of any answers and additional evidence:

- The practice was checking the registration of clinical staff at the time of the recruitment. However, on the day of the inspection, the practice was unable to demonstrate that they had an appropriate system to monitor the registration of clinical staff on ongoing basis. Following the inspection, the practice had submitted a list of all clinical staff with the registration numbers. We found all clinical staff were appropriately registered with the professional bodies.
- The practice informed us they had paid for all clinical staff medical indemnity insurance, but they were unable to provide evidence of medical indemnity insurance for some staff on the day of the inspection. This issue was highlighted during the previous inspection. However, they provided evidence of medical indemnity insurance for all clinical staff after the inspection on 11 October 2019, which included the cover for travel vaccination.

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: September 2019.	Y
There was a record of equipment calibration. Date of last calibration: September 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: September 2019.	Y
There was a log of fire drills. Date of last drill: September 2019.	Y
There was a record of fire alarm checks. Date of last check: October 2018.	Y
There was a record of fire training for staff. Date of last training: September 2019.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: May 2019.	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: • Fire marshals had received enhanced fire safety training. • Fire system was serviced in October 2018. • Emergency lighting was inspected in October 2018. • There was a documented fire evacuation plan specific to the service, which included how staff could support patients with limited mobility to vacate the premises.	

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

Explanation of any answers and additional evidence:

- Health and safety policy was reviewed in May 2019.
- Security alarm and cameras were installed in communal areas and regularly maintained.
- Electrical installation condition inspection was carried out on 26 January 2019.
- New gas boiler was installed in May 2019.
- The lift was serviced on 27 November 2018.
- The practice was unable to provide documentary evidence of an asbestos survey. However, the practice had provided an asbestos risk assessment which was not carried out by a qualified asbestos surveyor.

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: 18 September 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:

- Clinical equipment was cleaned on a regular basis and records were maintained.
- The practice had up to date legionella risk assessment (16 January 2018) in place and regular water temperature checks had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety. However, some improvements were required.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Partial
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Explanation of any answers and additional evidence:

- The practice operated a system to organise annual leave and cover for unexpected absences. However, some staff had raised dissatisfaction regarding the staffing levels at the practice.
- All requests for home visits were triaged by the duty GP.
- There were public awareness posters in the waiting area and on the screen.

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
Explanation of any answers and additional evidence: • All test results and referrals were managed and checked on a regular basis to ensure all were appropriate and actioned. Any abnormal or concerning test results were actioned by one of the clinicians in a timely manner.	

Appropriate and safe use of medicines

The practice had some systems for the appropriate and safe use of medicines, including medicines optimisation. However, the practice had failed to address some concerns highlighted during the previous inspection in a timely manner and improvements were required.

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)	0.81	0.82	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	7.2%	9.9%	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)	5.82	5.29	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	1.29	1.31	2.08	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.	N
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N
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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
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

Explanation of any answers and additional evidence:

- The practice stored prescription stationery securely. We saw the practice had a system in place to record the use of prescription forms for use in printers. However, on the day of the inspection, we saw blank prescription forms for use in printers were not always recorded correctly and tracked through the practice. The practice did not have any formal monitoring system in place to assure themselves that records were maintained as intended. In addition, we noted blank prescription handwritten pads were not recorded at all and tracked through the practice at all times. This issue was highlighted during the previous inspection.
- A nurse prescriber and a clinical pharmacist were employed by the practice. However, the practice could not demonstrate that they had appropriate formal clinical supervision arrangements in place to review their prescribing decisions and clinical performance. This issue was highlighted during the previous inspection. Staff we spoke with confirmed that they had not received a formal feedback from the senior GP regarding their clinical performance.
- The practice had an effective system to support vulnerable patients with requesting and collecting prescriptions. This involved checking the prescription box regularly and contacting the patient to check if they still required the medication or if a new prescription was issued.
- The practice had an effective system to identify and monitor who was collecting the repeat prescriptions for controlled drugs from the reception.
- The practice was registered as a yellow fever vaccination centre. The practice had carried out an annual audit. The staff had completed the relevant training.
- The practice offered travel vaccination.

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:	6
Number of events that required action:	6
Explanation of any answers and additional evidence: • We saw in staff meeting minutes significant events were discussed and documented. The staff we spoke with informed us that learning from significant events had been shared with them on a regular basis.	

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

Event	Specific action taken
Abusive behaviour towards the staff by a patient	The practice had investigated the incident, gave a verbal warning to the patient and an alert added to the patient's record. The practice had advised staff to remain calm in challenging situations and consider alternative options.
Emergency situation – patient felt unwell at the reception	The practice had investigated the incident, reviewed the emergency procedure and steps taken to ensure emergency procedure and policy was available to all staff. A wheelchair was purchased, and all staff made aware of where the wheelchair was stored.

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: • There was an effective system in place to receive and share all safety alerts. If the action was required, this was assigned to an appropriate member of staff and it was recorded when this action was completed.	

Effective Rating: Requires improvement

When we inspected the service in January 2019, we found that this service was not providing effective care in accordance with the relevant regulations. This was because:

- The practice's performance on quality indicators related to patients with diabetes was below the local and the national averages.
- The practice's uptake of the national screening programme for cervical and bowel cancer screening and childhood immunisations rates was below the national averages.
- There were no failsafe systems to follow up women who were referred to as a result of abnormal results after the cervical screening.

At this inspection in October 2019, we found that the practice had addressed some issues found during the previous inspection, however, they were required to make further improvements and is rated **requires improvement** for providing effective services because:

- The practice was unable to provide satisfactory assurance that the steps they had taken had improved the outcomes for patients with diabetes. The practice's performance on quality indicators related to patients with diabetes was below the local and the national averages.
- The practice's uptake of the national screening programme for cervical and bowel cancer screening was below the national averages.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)	0.30	0.55	0.75	Variation (positive)

Older people — Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- 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: Requires improvement

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 average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	63.2%	78.1%	78.8%	Variation (negative)
Exception rate (number of exceptions).	11.9% (102)	9.3%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.6%	80.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.9% (68)	8.4%	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) (QOF)	62.8%	77.2%	80.1%	Significant Variation (negative)
Exception rate (number of exceptions).	4.4% (38)	10.0%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	72.4%	77.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.2% (6)	2.6%	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) (QOF)	92.3%	92.9%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.3% (1)	8.7%	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)	83.2%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.6% (48)	3.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	93.4%	90.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.2% (4)	9.5%	6.7%	N/A

Any additional evidence or comments

- The practice's performance on quality indicators for long term conditions was in line with the local and the national averages with the exception of quality indicators related to patients with diabetes. This issue was highlighted during the previous inspection. On the day of this inspection, the practice was unable to provide satisfactory assurance that the steps they had taken had improved the outcomes for patients with diabetes. In addition, we noted the recent Quality Outcomes Framework (QOF) data 2018/19 (published three weeks after the inspection) did not demonstrate satisfactory improvement in the outcomes for patients with diabetes.
- The practice informed us they had one of the highest number of patients (7% of the patient's list size) with diabetes in the locality. During the previous inspection, the practice informed us they had recruited a practice nurse with a specialist interest in diabetes.
- The practice informed us that a dedicated member of staff had been employed to deal with recalls.
- The practice was working with external specialist professionals and a diabetic nurse consultant visited the practice between February and August 2019 to undertake training sessions. The practice had provided relevant training to ensure they had staff trained to work with patients who have diabetes. The practice had two nurses who have a specialist interest in diabetes.

Families, children and young people   Population group rating: Good

Findings
• Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had not met the minimum 90% target for three out of four childhood immunisation uptake indicators. The practice explained that this was due to the transient population and known cultural challenges within the practice population. The practice informed us that a number of patients were from a European background and they might have childhood immunisation carried out in their native European countries, but this information was not shared with the practice. The practice had taken steps to improve the childhood immunisation uptake and informed us they were working closely with the health visitors to overcome the barriers. • 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)	197	210	93.8%	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)	189	221	85.5%	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)	192	221	86.9%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	198	221	89.6%	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 64) (01/04/2017 to 31/03/2018) (Public Health England)	53.6%	66.9%	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	65.4%	70.9%	72.1%	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)	36.2%	48.0%	57.3%	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)	57.1%	74.8%	69.3%	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)	32.3%	49.7%	51.9%	No statistical variation

Any additional evidence or comments
• The practice was aware of these results and explained that this was due to the transient population and known cultural challenges within the practice population, which had an impact on the cervical and bowel screening uptake. The practice had taken steps to encourage the uptake. For example, there was a policy to send reminder letters and text messages to patients who did not attend for their cervical screening test. • We noted the practice had offered 376 cervical screening appointments since January 2019. However, the nursing staff we spoke with had raised some dissatisfaction regarding the staffing levels at the practice to meet the high demand of the service. This could have an impact on cervical screening uptake. The practice informed us the patients were able to book cervical screening

appointments on Saturdays, which were offered under the Primary Care Network (PCN) arrangement.

- The practice had a system to ensure results were received for all samples sent for the cervical screening programme. The practice had established failsafe systems to follow up women who were referred to as a result of abnormal results.
- The practice informed us that a dedicated member of staff had been employed to deal with recalls.

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) (QOF)	93.8%	92.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	6.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.9%	91.7%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.0% (0)	6.5%	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)	97.1%	82.4%	83.0%	Variation (positive)
Exception rate (number of exceptions).	2.9% (1)	4.6%	6.6%	N/A

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)	532.8	543.5	537.5
Overall QOF score (as a percentage of maximum)	95.3%	97.2%	96.2%
Overall QOF exception reporting (all domains)	7.2%	5.5%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	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 carried out a clinical audit to review the appropriateness of antibiotic medicine (used to treat urinary tract infections) prescribed to patients aged above 70 years old. The clinical audit demonstrated that antibiotic medicines were being prescribed appropriately in line with national guidance.
- The practice had carried out repeat clinical audits to review the appropriateness of medicine used to treat a wide range of health problems, such as the overactive bladder. The initial clinical audit in May 2019 found that 20 out of 63 patients taking this medicine were identified as being most at risk of adverse side effects. These patients were invited for the medicine reviews. We noted three patients had their medicines stopped after the review, whilst the remaining patients continued on the medicines as the benefits of the medicines outweighed the risks. The practice had carried out a repeat clinical audit in September 2019, which demonstrated ongoing clinical appropriateness of the prescribing.

Effective staffing

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

	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.	No
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:

- A nurse prescriber and a clinical pharmacist were employed by the practice. However, the practice could not demonstrate that they had appropriate formal clinical supervision arrangements in place to review and monitor their prescribing decisions and clinical performance. This issue was highlighted during the previous inspection.

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

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.2%	96.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (11)	0.8%	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.	29
Number of CQC comments received which were positive about the service.	24
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Discussion with patients, the patient participation group (PPG) member and comment cards	• Ten patients and a member of the patient participation group (PPG) we spoke with said staff were helpful, caring and treated them with dignity and respect. • Twenty-four of the 29 patient CQC comment cards we received were positive about the service experienced. Five of the 29 patient CQC comment cards we received were neutral and raised some dissatisfaction regarding telephone access to the service. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
14648.0	468.0	113.0	24.1%	0.77%

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)	85.1%	84.5%	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)	81.6%	82.9%	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)	91.5%	93.5%	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%	79.0%	82.9%	No statistical variation

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

Any additional evidence
• We noted the NHS friends and family test (FFT) results for the last eight months (February 2019 to September 2019) and 78% (out of 308 responses) of patients were likely or extremely likely recommending this practice.

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
Discussion with the patients, the patient participation group (PPG) member and comment cards	• Feedback from patients demonstrated they felt involved and that their personal decisions were taken into account. • Patients told us they felt listened to and supported by their doctor and had sufficient time during consultations.

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)	90.9%	90.8%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: • The practice had multi-lingual staff who might be able to support patients when required. • Written information was available for carers in the waiting area and on the practice website to ensure they understood the various avenues of support available to them.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 57 patients as carers (0.38% of the practice patient list size).
How the practice supported carers (including young carers).	The practice's computer system alerted GPs if a patient was also a carer. They were being supported by offering health checks and referral for social services support. A dedicated carer display board was available in the waiting area.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: • Staff recognised the importance of patients' dignity and respect.	

Responsive Rating: Good

At the previous inspection in January 2019, we rated the practice as requires improvement for providing responsive services because:

- Feedback from patients reflected that they were not always able to access care and treatment in a timely way.
- Information about services and how to complain was available. However, some information was not up to date.

At this inspection in October 2019, we found that the practice had demonstrated improvements in most areas and is rated **good** for providing responsive services. However, the practice was required to review the patients' feedback regarding telephone access.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. However, some improvements were required.

	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.	Partial
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Explanation of any answers and additional evidence:

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration. However, some details on the practice website were not up to date and it did not have a facility to translate the website in other languages. The practice informed us they were in the process of developing a new website which would go live in November 2019.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice informed us they had added two additional consulting rooms and storage space. The car park space had increased from 16 to 31 spaces. The practice patients list size had increased from 13,890 patients to 14,780 patients since January 2019. The practice was planning to extend the premises with more space and additional consulting rooms.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and baby changing facility. The premises were accessible to those with limited mobility. However, we saw the front door did not have an automatic door activation system to assist patients with mobility issues. The practice informed us they were planning to install an automatic door in December

2019.

- The practice had installed a touch screen self check-in facility to reduce the queue at the reception desk.
- The practice installed an automatic floor mounted blood pressure monitor in the premises for patients to use independently.
- The practice sent text message reminders of appointments and test results.

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
Monday	8am-6pm
Tuesday	8am-6pm
Wednesday	8am-6pm
Thursday	8am-6pm
Friday	8am-6pm
Extended hours opening:	
Saturday [at the practice under the Primary Care Network (PCN) arrangement]	8.30am-3.30pm (Nurse only)
Monday and Friday (at local GP hub)	6.30pm-8pm
Saturday to Sunday (at local GP hub)	8am-8pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
14648.0	468.0	113.0	24.1%	0.77%

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)	89.9%	92.8%	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.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals. Patients from other local practices were also able to book an appointment for the phlebotomy service at the practice.

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.
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check the heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by the heart each time it beats.
- The practice offered clinical system integrated spirometry. (Spirometry is a simple test used to help diagnose and monitor certain lung conditions by measuring how much air you can breathe out in one forced breath).

Families, children and young people Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. 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.
- The practice was open until 6.30pm Monday to Friday. Pre-bookable appointments were also available to all patients at additional hub locations within the area. Appointments were available Monday to Friday from 6.30pm to 8pm, Saturday and Sunday from 8am to 8pm at hub locations. This extended hours service was funded by the local CCG. In addition, the practice nurse appointments were available at the premises on Saturday from 8.30am to 3.30pm, under the Primary Care Network (PCN) arrangement.

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.

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:

- In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for patients that needed them. The practice informed us they had introduced this arrangement to reduce the high rate of 'do not attend' (DNA) appointments.
- Appointments were available to book online.

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)	59.6%	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)	58.5%	66.7%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	58.3%	62.2%	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)	64.6%	69.2%	73.6%	No statistical variation

Any additional evidence or comments

- Results from the July 2019 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the local and national averages in most indicators.
- The practice informed us they had taken steps to improve the access to care and treatment. We noted recent annual national GP patient survey results published in July 2019 showed that patients' satisfaction with how they could access care and treatment had improved compared to

the previous results published in August 2018.

- The practice had recruited a new clinical pharmacist (appointed as a medicine management lead) in May 2019 and a new practice manager in July 2019.
- The practice had recruited two administrative staff to focus on calls and recalls system.
- The practice was currently offering 52 GP clinical sessions per week.
- The practice had started to offer appointments from 8am since March 2019.
- To take the pressure off the telephone lines, the practice was encouraging patients to register for online services and 52% (increased from 49% during the previous inspection in January 2019) of patients were registered to use online services.
- The practice had installed a new telephone system in March 2019 to improve telephone access. The practice informed us that the new telephone system had helped in reducing telephone waiting times. Staff we spoke with confirmed this. The new telephone system enabled patients to be called back, without having to hold the line.

Source	Feedback
Discussion with patients, the patient participation group (PPG) member and comment cards	• Four of the ten patients we spoke with and five of the 29 comment cards we received highlighted dissatisfaction regarding the telephone access to the service. However, most of the patients we spoke with informed us they were able to get appointments with the GP when they needed them. • A member of the patient participation group (PPG) we spoke with was mostly happy with the access to the service.

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.	18
Number of complaints we examined.	17
Number of complaints we examined that were satisfactorily handled in a timely way.	17
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 complaint policy and procedures were in line with recognised guidance. • The practice learned lessons from individual concerns and complaints and also from the analysis of trends. It acted as a result to improve the quality of care.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Dissatisfaction regarding the referral process	The practice had explained to the patient that they were required to follow the referral protocol and criteria in order to process the referral for secondary services.
Communication at the practice reception desk	The practice had organised customer services skills training to improve staff communication skills.

Well-led Rating: Requires improvement

When we inspected the service in January 2019, we rated the practice as requires improvement for providing well-led services because:

- There was a lack of good governance.
- Clinical lead responsibilities were not always shared with other clinicians.
- The practice had not appointed a dedicated clinical lead to oversee the management of test results and there was no monitoring system in place to ensure that patient correspondence across the practice was managed in a timely manner.
- There was no formal monitoring system for following up patients experiencing poor mental health and patients with dementia who failed to collect their prescriptions in a timely manner; or to identify and monitor who was collecting the repeat prescriptions of controlled drugs from reception.
- There was no formal supervision arrangement in place to monitor the clinical performance and decision making of a nurse prescriber employed by the practice.
- Most policies and protocols did not include name of the lead member of staff including adult and child safeguarding policies. Most of the policies did not include the name of the author and they were not dated so it was not clear when they were written or when they had been reviewed.

At this inspection in October 2019, we found that the practice had addressed most issues found during the previous inspection, however, they were required to make further improvements and is rated **requires improvement** for providing well-led services because:

- The practice had demonstrated improvements in governance arrangements, however, they were required to make further improvements.
- The practice had failed to address some concerns highlighted during the previous inspection in a timely manner which included monitoring the prescribing competence of non-medical prescribers and the management of blank prescriptions.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: • Staff we spoke to were complimentary about the leadership at the practice. We were told that the leaders were approachable, supportive and inclusive. Staff told us this made them feel motivated. • The practice was planning to extend the premises because the practice patients list size had increased from 10,400 (in 2016) to 14,780 (in 2019).	

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: • The practice statement of purpose included the practice's aims and objectives. This included to provide a dedicated, efficient and patient orientated approach to health care. This included to provide the highest quality NHS healthcare services, which was monitored, audited and continually improving.	

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

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

Source	Feedback
Staff interviews	• Staff told us they felt involved in decisions on how the practice was managed. • We were informed that the practice culture was one of being open and supportive of one another. • Clinical staff said they had prompt access to the senior GP when they needed clinical advice. • Staff felt they were treated equally.

Governance arrangements

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

	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:

The practice had demonstrated improvements in governance arrangements in most areas, for example:

- The practice had appointed a qualified paediatric nurse as a clinical coordinator and compliance lead since March 2019.
- Clinical lead responsibilities were shared with other clinicians. The practice had appointed a dedicated clinical lead to oversee the management of test results and patient correspondence across the practice.
- The practice implemented a formal monitoring system for following up patients experiencing poor mental health and patients with dementia who failed to collect their prescriptions in a timely manner; and to identify and monitor who was collecting the repeat prescriptions of controlled drugs from reception.
- The practice had established proper policies and procedures.
- Staff we spoke with knew who the lead member of staff for safeguarding was.
- Protocols for checking medicines stock levels and equipment were being followed and written records maintained.

However, monitoring of specific areas required further improvement, in particular:

- The practice had failed to address some concerns highlighted during the previous inspection in a timely manner which included monitoring the prescribing competence of non-medical prescribers and the management of blank prescriptions.
- The practice was unable to demonstrate that they had an appropriate system to monitor the registration of clinical staff on an ongoing basis.

Managing risks, issues and performance

There were clear and effective processes for managing most risks, issues and performance. However, some improvements were required.

	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: • There were processes to ensure risks to patients were assessed and well managed in most areas, with the exception of those relating to staffing levels, patients with diabetes and uptake of the national screening programme for cervical and bowel cancer screening.	

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

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: • Patients had a variety of means of engaging with the practice all of which were effective: text messages, emails and complaints/comments. • Staff feedback highlighted a strong team with a positive supporting ethos. • Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered.	

Feedback from Patient Participation Group.

Feedback
• We spoke with a PPG member and they were positive about the care and treatment offered by the practice, which met their needs. They said the doctors were caring and receptionists were friendly and helpful. • They were satisfied with online access provided by the practice. • They told us that their views and ideas were listened and accommodated as much as possible.

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

Examples of continuous learning and improvement
• The practice was forward thinking and planning to expand the premises. • The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. • All staff received individualised training opportunities which were discussed at their appraisals. The practice used this information to inform its overall training plan.

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.