

Care Quality Commission

Inspection Evidence Table

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Inspection date: 01 October 2019

Date of data download: 09 September 2019

Overall rating: Requires Improvement

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

Safe

Rating: Requires Improvement

At the previous inspection 23 January 2019, we rated the practice as requires improvement for safe because the practice did not consistently learn and make improvements when things went wrong. At this inspection 01 October 2019, the practice remains as requires improvement because the practice was not monitoring the vaccine refrigerator when staff were absent. Not all staff were up to date with safeguarding training, and there were gaps in recruitment.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes

Safeguarding	Y/N/Partial
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Previous CQC inspection 23 January 2019</p> <ul style="list-style-type: none"> At our previous inspection in January 2019 we saw evidence during the inspection that the clinical staff were trained to level three in safeguarding children and vulnerable adults. Most of the non-clinical staff (administrators and reception team) had also received training to level 1 and 2 safeguarding children. Non-clinical staff had completed level 1 training in safeguarding adults. <p>CQC inspection 01 October 2019</p> <ul style="list-style-type: none"> At this inspection we reviewed five staff files, two new non-clinical staff members who joined in August and September had not completed adult safeguarding training, one had not completed child safeguarding training and one had only completed child safeguarding level one. The practice manager who had been in post for a month before the inspection was aware of the training that needed to be completed as the practice kept a comprehensive spreadsheet. The practice manager explained that protected learning time had been booked for both staff members on Thursday 17th October 2019 to complete the rest of their outstanding training modules including safeguarding. We saw from the training matrix that all other staff had completed levels one to three adult and child safeguard training. All staff spoken to knew who the safeguarding leads were. We were informed there was a lead for adults and a lead for children. Since the last inspection the practice had reviewed all policies, we saw the safeguarding policy had been reviewed in September 2019. We saw the policy displayed in consultancy rooms. We saw there was a system to highlight vulnerable patients on records and also a register. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We checked five files, we identified that out of the five files, one clinical staff file did not have a CV, signed contract, and a reference, the file did have a DBS and proof of identity. We saw the practice had a locum pack and they used a locum agency booking system, where the agency checked all recruitment and training information, the practice was then able to review this information before using the locum, we reviewed two locum files and saw they had appropriate 	

checks and up to date training.

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: July 2019	Yes
There was a record of equipment calibration. Date of last calibration: July 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: July 2019	Yes
There was a log of fire drills. Date of last drill: September 2019	Yes
There was a record of fire alarm checks. Date of last check: September 2019	Yes
There was a record of fire training for staff. Date of last training: Various	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: January 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Previous CQC inspection 23 January 2019</p> <ul style="list-style-type: none"> At our previous inspection in January 2019 we saw fire safety training had been completed by ten members of the staff team within the last 12 months. Six members of staff had not completed fire safety training, and three members of staff had completed them in October or December 2016. The two members of staff who were the designated fire wardens had completed fire warden training in January 2019. <p>CQC inspection 01 October 2019</p> <ul style="list-style-type: none"> At this inspection we saw from the training matrix that all staff had completed fire safety training within the last 12 months. The practice informed us there were two fire marshals from the practice plus another marshal from within the building, we were also informed that the fire alarm was tested weekly. 	

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

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: September 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<p>Previous CQC inspection 23 January 2019</p> <ul style="list-style-type: none"> Infection prevention and control (IPC) training was available on the practice's list of training topics provided to clinical and non-clinical staff. Some clinical staff had completed the module aimed at clinical staff, but they had completed the module in 2016. Only one clinician had completed the module in 2019. Four members of the non-clinical staff team had completed the non-clinical IPC module, and nine members of staff had not completed the module <p>CQC inspection 01 October 2019</p> <ul style="list-style-type: none"> We saw the practice had implemented an electronic management system which recorded all staff training, we saw that all staff were up to date with infection control training. 	

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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
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.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw that sepsis was set up as part of the practice mandatory training programme delivered through an online provider. We saw evidence that all staff, had completed the training module in sepsis awareness. 	

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
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.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We saw all results were checked daily, the practice had an effective system in place.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation, although these systems were not always effective.

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)	0.75	0.57	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)	7.0%	6.9%	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)	5.36	5.17	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)	1.37	1.48	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.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
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.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Previous CQC inspection 23 January 2019</p> <ul style="list-style-type: none"> Two medicines recommended for treating certain medical emergencies were not available during our inspection. These were injectable diclofenac (used to treat pain and inflammation) and an anti-emetic medicine (used to treat nausea). The provider explained these had been removed from the emergency medicines bag, as they had expired. The provider ensured these were available by the end of the inspection day. <p>CQC inspection 01 October 2019</p> <ul style="list-style-type: none"> We were told since the end of September the practice had set up a new system for checking and recording all emergency medicines, however we identified two medicines recommended for treating certain medical emergencies were not available during our inspection, shortly after the inspection the practice provided us with a risk assessment for one of the missing medicines and confirmed the other medicine had now been added to the emergency medicine trolley. Although the practice had a system in place for checking the vaccine fridge, at this inspection we identified on four consecutive Mondays during September the vaccine fridge had not been checked. When we raised this with the practice they explained this was due to a member of staff being absent. 	

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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	14
Number of events that required action:	14
Explanation of any answers and additional evidence:	
<p>Previous CQC inspection 23 January 2019</p> <ul style="list-style-type: none"> There continued to be inconsistencies in the recording of significant events. We found examples of recent incidents which had not been captured as significant events, such as a child slipping in the toilet facilities leading to a head injury and the consultation room number 3 being out of use. <p>CQC inspection 01 October 2019</p> <ul style="list-style-type: none"> We saw the practice had started using a new document management system to log and record significant events, all staff spoken to were aware of the new system. We saw the practice now had an agenda and significant events was a standard agenda item. We saw minutes from meetings where significant events were discussed. 	

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

Event	Specific action taken
Child pulled over a fire extinguisher holder in the waiting area.	An email was sent to NHS properties who agreed to send a building assurance inspector to review the situation.
Two patients were seen entering the accessible patient toilet and were in there for some time. Practice Manager and Assistant Practice Manager knocked on the toilet door and it was clear that the occupants had been taking intravenous drugs. Patients left the toilet but used	This was discussed, and it was agreed that this was becoming a frequent problem and advice should be sought from the police about how to deal with this. A meeting took place with the police who advised that they should be called every time if the practice suspect that people are taking drugs in the toilet.

needles and blood were on the toilet floor. The toilet had to be decommissioned pending deep cleaning.	
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw examples of actions taken on recent alerts for example, regarding sodium valproate. 	

Effective

Rating: Requires Improvement

At the last inspection in January 2019 we rated the practice as requires improvement for effective services because the practice could not demonstrate that staff had the skills, knowledge and experience to carry out their roles. At this inspection we have rated the practice as requires improvement for effective care because performance data showed that in some areas the practice was below local and national averages. There was evidence that the care of patients in three population groups (families, children and young people, working age people (including those recently retired and students) and People experiencing poor mental health (including people with dementia) did not meet national targets or was below average.

Effective needs assessment, care and treatment

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	0.19	0.35	0.75	Significant Variation (positive)

Population group rating: Good

Older people

Findings

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

People with long-term conditions

Population group rating: Good

Findings

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

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>	72.2%	74.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	13.0% (61)	7.6%	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>	74.9%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.8% (32)	6.9%	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>	72.4%	81.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	7.0% (33)	8.0%	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) <small>(QOF)</small>	71.8%	76.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.0% (8)	2.1%	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>	92.8%	91.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	0.7% (1)	5.7%	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)	77.4%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	6.8% (63)	3.3%	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)	85.7%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	15.5% (9)	6.3%	6.7%	N/A

Families, children and young people

Population group rating: Requires Improvement

Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets.
- 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)	117	138	84.8%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	97	121	80.2%	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)	97	121	80.2%	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)	96	121	79.3%	Below 80% uptake

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

Any additional evidence or comments

Previous CQC inspection 23 January 2019

- The practice had a call/recall protocol in place, which included for patients who were due childhood immunisations. The protocol had been recently updated in September 2018, and staff we spoke with could describe how they implemented it. We saw that the practice carried out monthly records searches for patients that were due immunisations, that records were maintained of patients that had been followed up, and that these were carried out in an appropriate and timely fashion.

CQC inspection 01 October 2019

- The practice provided unverified data, however it was still below the national average. The practice explained that they continued with the monthly searches for patients' due immunisations, also that they continued to recall patients by phoning, texting and writing to patients.

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)	61.6%	N/A	N/A	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	57.2%	60.8%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	39.1%	40.5%	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)	92.3%	73.1%	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)	48.1%	53.6%	51.9%	No statistical variation

Any additional evidence or comments

Previous CQC inspection 23 January 2019

- Some of cancer screening indicators, specifically breast and bowel cancer screening, for the practice were relatively lower than national averages. There were no active steps the practice was taking to increase uptake.

CQC inspection 01 October 2019

- The practice provided unverified data of 69% in relation to 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), however it was still below the national average. The practice explained that they were working with the federation who had undertaken audits, they explained that they followed a recall process of phoning, texting, writing to patients, the nurse also recalled and undertook screening opportunistically.

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: Requires Improvement

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.
- There were high exception rates for patients with mental illness.
- Same day and longer appointments were offered when required.
- 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)	97.4%	92.2%	89.5%	Tending towards variation (positive)
Exception rate (number of exceptions).	25.7% (27)	7.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)	87.2%	91.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	25.7% (27)	7.4%	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)	88.0%	82.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	7.4% (2)	5.2%	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)	525.0	539.2	537.5
Overall QOF score (as a percentage of maximum)	93.9%	96.5%	96.2%
Overall QOF exception reporting (all domains)	4.7%	4.4%	5.8%

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

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

Any additional evidence or comments
<ul style="list-style-type: none">• We saw the practice had undertaken an audit looking at management of urinary tract infections (UTIs). The UTI audit led to the practice making changes to their antibiotic prescribing in the treatment of the condition, to adhere to published guidelines that was shown to have led to the best outcomes for patients.• We also saw the practice had undertaken an audit looking at prescribing gabapentin & pregabalin, as a result of the audit the practice edited the doses that were on repeat, so they complied with guidelines.

Effective staffing

The practice was able to demonstrate that 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, and pharmacists.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Previous CQC inspection 23 January 2019</p> <ul style="list-style-type: none"> We saw improvements in the completing of the practice mandated staff training, although some gaps remained for some topics. The practice employed healthcare assistant had not completed the Care Certificate. Annual staff appraisals were overdue for the non-clinical staff. The practice management was aware of this and told us they planned to complete these during February 2019. <p>CQC inspection 01 October 2019</p> <ul style="list-style-type: none"> We saw the practice had started using a comprehensive colour coded training matrix, out of 21 staff members 19 staff members had completed and were up to date with training. The two staff members who had not completed all role specific training were new members (they had joined the practice in August and September) and the practice had given these two staff members protected time to ensure they completed all training by October 2019. The practice informed us they had one healthcare assistant and another staff member who was being trained up to be a healthcare assistant who was supervised by one of the lead GPs. We saw the HCA had completed the Care Certificate. We saw evidence that all staff had an appraisal completed in the last 12 months, staff spoken to during the inspection also confirmed they had an appraisal. 	

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)	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

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>	92.0%	94.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (9)	0.5%	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Caring

Rating: Good

At the previous inspection on 23 January 2019, we rated the practice as requires improvement for caring because:

- The practice's results for the national GP Patient Survey were below the local area and national averages for questions relating to staff dealing with patients with kindness and respect and involving them in decisions about their care.
- The practice had not taken any action in response to the national GP Patient survey results.
- The practice had identified a relatively low proportion of people with caring responsibilities.

At this inspection 01 October 2019, we rated the practice as good for caring because:

- The practice results for the national GP survey were still slightly below local and national averages, however the practice had taken action in response to the national GP survey and had undertaken their own survey.
- The practice had identified 4.8% of the practice list as carers.

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.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	13
Number of CQC comments received which were positive about the service.	9
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comment cards	The comment cards received were mostly positive. Patients said they felt staff were caring, friendly and helpful, and doctors were excellent. Patients said the nursing team and reception staff were wonderful and very helpful. Three mixed were happy with the doctors and service provided, however mentioned it was difficult to get an appointment, having to wait a long time and the negative comment mentioned difficulty with the phone system.

Patient interviews and Patient group.	<p>We spoke with two members of the Patient Participation Group who told us the practice worked with and supported patients and their families to achieve the best outcome for patients. The members told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt the practice listened, and the doctors were very caring and supportive and responsive to their needs. The members said the practice always kept them informed of how things were progressing.</p> <p>The members felt the GPs went beyond their call of duty, a member gave an example of where the GP practice gave them a cup of tea every morning and staff took time out to talk with them.</p>
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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
11188	467	109	23.3%	0.97%

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)	82.8%	87.0%	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)	81.0%	83.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	83.8%	94.2%	95.5%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	58.7%	79.3%	82.9%	Variation (negative)

Any additional evidence or comments
<ul style="list-style-type: none"> The practice data in relation to healthcare professional being good or very good at listening to them and treating patients with care and concern had improved since the last inspection. The practice was working closely with the Patient Participation Group (PPG), since the last inspection they were meeting every two months, we saw minutes where they had discussed the results of the survey, we also saw an action plan which the practice and PPG members had put together to improve the lower scores. Three of the comment cards mentioned it was nice to see improvements to the practice.

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

Any additional evidence
<ul style="list-style-type: none"> At this inspection we saw the practice had undertaken two in-house patient surveys. The first was correlated from data for the last twelve months from the national and local comparisons. The practice reviewed the results of their practice in comparison to other local practice and came up with an action plan for improvements. The second was from a patient questionnaire undertaken in August over a period of two weeks, the questions were the same as the national GP patient survey, all patients were asked to complete a form. Forms were kept at reception where patients were asked to complete after each consultation, the practice got back a response of 341 patients, feedback was positive. Including 59% of patients rated the practice as excellent, 31% of patients rated the practice as Good, one percent of patients rated the practice as poor and nine percent as fair.

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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Since the last inspection the practice had set up a designated carer notice board section within the reception area. 	

Source	Feedback
Comment cards and Interview with PPG members.	Patients were positive about the involvement they had in their care and treatment. They said the GPs explained their condition and treatment and they were involved in decisions about their treatment.

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)	85.9%	90.8%	93.4%	Tending towards variation (negative)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> The practice had identified 546 carers which was 4.8% of the practice list size, this had increased since the last inspection where the practice had identified 70 people (0.6% of the patient population). The practice informed us they were now using the check-in screen to get patients to inform them if they were carers. The practice explained that initially some patients had misinterpreted what a carer was, however for all patients that confirmed they were carers a staff member contacted the patients to confirm if they were legitimate carers.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice provided carers with support information and guidance, information was displayed in the waiting room and staff would signpost carers to relevant support groups and agencies. Carers were offered the flu jab.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The practice did not have any specific support arrangements in place for bereaved patients. However, information was available in the patient waiting area on local bereavement services.

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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Requires improvement

At the previous inspection on 23 January 2019, we rated the practice as Inadequate for responsive because:

- Patients told us they could not always access care and treatment in a timely way. This finding was consistent with the results of the national GP Patient Survey.
- The practice had taken some action to address feedback about difficulties accessing services. However, they could not demonstrate their actions had been effective.
- Patient feedback during our inspection day continued to be mixed about the accessibility of the service.

At this inspection on 01 October 2019, we rated the practice as Requires improvement for responsive because:

- The practice results for the national GP survey were below local and national averages.
- Since the last inspection the practice had taken various steps to address feedback about difficulties accessing services, these had not yet led to evidence of sufficient improvement, however we saw evidence of the actions the practice had taken. These included recruiting more staff, utilising four staff on phones at busy times, monitoring the call system which they were not doing before, also utilising the PPG and undertaking internal patient survey the practice had already received feedback from patients', and PPG members that they had seen an improvement with access. This was also reflected in some of the comment cards

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	7am – 7:30pm
Tuesday	8am – 7:30pm
Wednesday	8am – 6:30pm
Thursday	8am – 6:30pm

Friday	8am – 6:30pm
Appointments available:	
Monday	7:00am – 7:30pm*
Tuesday	8:00am – 7:30pm*
Wednesday	8:00am – 6:30pm*
Thursday	8:00am – 6:30pm*
Friday	8:00am – 6:30pm*
Appointments were available for three-hour sessions in the morning and afternoon. Appointments were not usually available between 12 and 2pm. The last appointment started ten minutes before the end of the session.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11188	467	109	23.3%	0.97%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	90.2%	93.7%	94.5%	No statistical variation

Older people

Population group rating: Requires Improvement

Findings
<ul style="list-style-type: none"> 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 concerns we found in the provision of responsive services affected all population groups, so we have rated all population groups as requires improvement.

People with long-term conditions

Population group rating: Requires Improvement

Findings
<ul style="list-style-type: none"> 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. The concerns we found in the provision of responsive services affected all population groups, so we have rated all population groups as requires improvement.

Families, children and young people

Population group rating: Requires Improvement

Findings

- Additional nurse appointments were available until 7pm on a Monday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, 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.
- The concerns we found in the provision of responsive services affected all population groups, so we have rated all population groups as requires improvement.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours sessions were provided twice a week.
- Telephone consultation appointments were available throughout the week, which gave people increased flexibility in accessing the service.
- However, the concerns we found in the provision of responsive services affected all population groups, so we have rated all population groups as requires improvement.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- However, the concerns we found in the provision of responsive services affected all population groups, so we have rated all population groups as requires improvement.

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

Population group rating: Requires Improvement

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- However, the concerns we found in the provision of responsive services affected all population groups, so we have rated all population groups as requires improvement.

Timely access to the service

People said they could not always access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

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)	40.5%	N/A	68.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	49.3%	60.2%	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)	41.7%	60.2%	64.7%	Variation (negative)
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)	57.2%	65.4%	73.6%	Tending towards variation (negative)

Any additional evidence or comments

- The practice told us they offered unlimited telephone slots fulfilled by the duty doctor (shared with other GPs if there were unusually high numbers).
- Home visits slots and e-consult slots were also offered.
- The practice had undertaken an internal review and comparison analysis with other local practices. They had devised an action plan to address the lower scores.
- We saw changes implemented included reviewing the appointments system, the introduction of a new rota system and having four receptionists manning the telephones.
- The practice now had a system in place to improve patient access as the practice got the telephone provider to come in and show them how they could use the phone system more effectively, this included updating the use of the telephone system's software, and utilising all

functions on the phone system to get the best results out of it for patients which the practice had not done before. The practice showed us how they were now monitoring, tracking and analysing busy periods, missed calls, how long patients had been held on the phone, they had also changed the routing of calls, so patients no longer had to press several numbers before being connected. This new way of using the phone system had only been implemented in August 2019, so the practice was unable to provide evidence of how effective the system had been, other than explaining that patients, PPG members had feedback that it was easier to get through.

- The practice informed us they were now actively promoting 'Online Patient Access' where patients could make appointments.
- We saw the practice had designed an in-house patient survey to capture feedback to help them understand what patients were feeling and wanting from the practice.
- We saw the practice had worked closely with the PPG and had devised an action plan to also improve patient access and facilities within the practice.

Source	Feedback
Discussion with patients	We spoke with five patients on the day of the inspection, they all said they could usually get an appointment, and that they had seen an improvement in getting through on the phones.

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.	11
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> During our inspection we saw that feedback through comments and suggestions, and complaints were appropriately managed. We saw the practice was using the new computer system to record and log complaints. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient was concerned that when she arrived for her appointment she had to wait a considerable amount of time to see the GP.	The GP had an emergency patient that required a hospital admission, and this had delayed him. This was explained to the patient. Clinicians may be delayed so it is important to ensure that patients are kept informed.
Patient attended an appointment with the Practice Nurse and was advised that she had gone on holiday. A Receptionist had tried to contact the patient but on not being able to get through the first time did not make any further attempts to contact the patient.	Apology was issued to the patient and the member of staff involved was spoken to. The learning was when trying to contact a patient, all methods of contact should be used if the patient cannot be contacted by telephone.

Well-led

Rating: Requires improvement

At the previous inspection on 23 January 2019, we rated the practice as inadequate for well-led because:

- The practice had made improvements since our last inspection, and the practice had partly addressed the breaches we found at our previous inspections in relation to regulated activities currently provided in the practice. However, we had ongoing concerns about the sustainability of these improvements.
- There were areas, previously highlighted at past inspections, where the practice continued to underperform; particularly in relation to risk management, supporting staff and acting and responding to patient feedback.
- The practice did not always act on appropriate and accurate information.
- The practice did not involve the public, staff and external partners to sustain high quality and sustainable care.

At this inspection on 01 October 2019, we rated the practice as requires improvement for well-led because:

- The practice had addressed the breach of the previous inspection.
- The practice had implemented a number of changes and had actions underway to improve care, but these had not yet led to evidence of sufficient improvement.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels although staff did not always feel leaders were visible.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	No
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff reported that leaders were not easy to approach. When we raised this with leaders they felt they were approachable and had put measures in place for staff to express themselves, such as having regular meetings. Leaders also mentioned there may have been historical issues and a lot of change in a short space of time that could be causing staff to feel this way.	

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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

Culture

The practice had a culture which drove high quality sustainable care although some recent changes had not been fully embedded.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	No
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
Previous CQC inspection 23 January 2019 <ul style="list-style-type: none"> The practice was behind on their schedule for completing staff appraisals. There was no evidence of regular staff meetings being held in the practice. The practice manager informed us that they held monthly staff meetings, however they were unable to provide meeting minutes of these. Staff we spoke with also did not recall attending monthly meetings throughout the previous year. 	
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- All staff had an appraisal, although staff mentioned there was a communication barrier, and felt they were not always given the opportunity to express their thoughts, they did say that they could see improvements with the practice for patients, for example having more staff on the front desk, the monitoring of the phone system.
- Since the last inspection the practice had implemented having regular meetings which were all documented. Staff spoken to confirmed the practice was having regular meetings. Policies had been reviewed and updated, the practice was recording and storing documents on a new management system.

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> • We spoke with several staff members clinical and non-clinical on the day of the inspection, all fed back that whilst the practice had grown and developed, and there were many improvements, communication between leaders and staff required development. • When this was fed back to leaders they explained they were now having meetings twice a month and all staff were encouraged to participate, they felt they had an open-door policy and also felt that what staff raised could be in relation to resistance to a culture shift and historical concerns. The leaders informed us they were willing and wanted to improve the relationship with staff, however until the day of the inspection they were unaware of the issue.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Since the last inspection the practice had implemented a number of changes including a change in partnership, with a long-standing senior partner leaving, recruiting a new practice manager and new receptionists. Implementation of a new document management system to store and record, policies, significant events, complaints minutes from meetings safety alerts. • All staff spoken to informed us about the new document management system and knew where and how to access policies and procedures. • The practice had devised an action plan, they were working more closely with the PPG. They had undertaken two surveys and were engaging more with patients and the PPG. They had changed the layout of the reception area and had designated sections/notice boards. 	

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Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Previous CQC inspection 23 January 2019</p> <ul style="list-style-type: none"> • Inconsistencies in the recording of significant events. We found examples of recent incidents which had not been captured as significant events. • The practice was behind on their schedule for completing staff appraisals. There were still gaps in staff training. • There was no evidence of regular staff meetings being held in the practice. <p>CQC inspection 01 October 2019</p> <ul style="list-style-type: none"> • All significant events were recorded and captured on a new management system. • All staff had an appraisal. • We saw evidence of regular staff meetings, clinical meetings, PPG meetings, also action plans to improve the practice. • Although the practice had a system in place they were not monitoring the vaccine refrigerator when staff were absent. Not all staff were up to date with safeguarding training. • Performance data showed that in some areas the practice continued to be below local and national averages. 	

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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
Previous CQC inspection 23 January 2019 <ul style="list-style-type: none">• The practice informed us of discrepancies in exception reporting in the QOF results, where the exception reporting figures was much higher in the official submitted figures than their actual exception reported rates.• There continued to be inconsistencies in the recording of significant events. We found examples of recent incidents which had not been captured as significant events.	
CQC inspection 01 October 2019 <ul style="list-style-type: none">• We found no concerns regarding exception reporting in QOF results.• All significant events were recorded and captured on a new management system.	

Engagement with patients, the public, staff and external partners

The practice had taken action to improve how it involved staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	No
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Explanation of any answers and additional evidence:

Previous CQC inspection 23 January 2019

- The practice regularly collated and reviewed the results of the friends and family test (FFT), and displayed these results on their website.
- The practice did not hold regular staff meetings. Staff views were not sought in the planning and delivery of the service.
- However, there was no evidence of the practice acting on the results of the GP patient surveys to improve services.

CQC inspection 01 October 2019

- The practice had reviewed the results of the national GP patient survey and had devised an action plan to look at the lower scores, they also reviewed the results of the survey in comparison to other local practices.
- The practice had undertaken their own patient survey and had 341 patient's participation.
- We saw evidence the practice was holding regular staff meetings, however as in the last inspection, staff views were not sought in the planning and delivery of the service.

Feedback from Patient Participation Group.

Feedback

Previous CQC inspection 23 January 2019

- The practice had faced an ongoing challenge to develop and maintain a patient participation group. They had sought external advice, had a poster campaign to try to recruit patients into the PPG and had facilitated meetings in August, September and November 2018, but the meetings had had few attendees.

CQC inspection 01 October 2019

- We saw minutes and an action plan that the practice had devised with the PPG to improve the service for patients.
- We saw the practice had worked with the PPG and had set up a designated PPG kiosk in reception promoting the PPG and assisting patients with general queries and signposting to where they could find information.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
Previous CQC inspection 23 January 2019 <ul style="list-style-type: none">• The practice had identified a range of mandatory training topics it expected its staff team to complete on an on-going basis. However, there were gaps in staff training.• Clinical staff carried out quality improvement activities, in the form of clinical audits and in the review and action of FFT findings.	
CQC inspection 01 October 2019 <ul style="list-style-type: none">• The practice was now using a training matrix to record all staff training, two new staff members who joined in August and September had not completed adult safeguarding training, one had not completed child safeguarding training.	

Examples of continuous learning and improvement

<ul style="list-style-type: none">• Since the last inspection the practice had made a lot of changes to improve the service of the practice including changing the management structure, recruitment of new staff, changes to the layout of reception, undertaken internal patient survey, having a designated PPG area within the practice, devising actions plans, using new systems to record complaints, significant events, staff training and analysing and monitoring patient access through the phone system, however lots of these changes were new and at the time of the inspection we did not see the impact of these changes.
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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.