

# Care Quality Commission

## Inspection Evidence Table

### Hollins Grove Surgery (1-5459261901)

Inspection date: 12 November 2019

Date of data download: 31 October 2019

## Overall rating: Good

The overall rating for this practice is Good. At our previous inspection in March 2019 the practice was rated requires improvement for providing safe and effective services and rated inadequate for providing well led services. This inspection identified that the practice with the support of the local GP federation had successfully implemented a comprehensive plan of action to improve the leadership, safety and quality of the service provided.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

## Safe

## Rating: Good

The practice is rated as good for providing safe services. This inspection identified several improvements in different aspects of this key question. We noted improvements in the management and safety of significant events, patient safety alerts, clinical tests and staff recruitment. Improvements in premises safety were also noted in relation to infection prevention and fire safety. Improvements had been made in the safeguarding records although some coding issues were noted, and plans to undertake structured patient medicine reviews were in place.

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
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

<b>Safeguarding</b>	<b>Y/N/Partial</b>
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
<p>Explanation of any answers and additional evidence:</p> <p>Since the previous comprehensive inspection in March 2019 the practice had implemented a range of planned improvements to the quality of the service provided. This included reviewing and updating safeguarding policies and procedures and ensuring staff were appropriately recruited, trained and supported.</p> <p>The practice manager and team had worked with the clinical commissioning group (CCG) safeguarding team and completed the safeguarding assessment framework for the service. Safeguarding policies and procedures were easily accessible to all staff on the practice's web based communication and records systems. A dedicated safeguarding page was established, and easy read flow diagrams were displayed throughout the practice.</p> <p>Staff spoken with had a good understanding of when and how to raise concerns.</p> <p>We saw patient records had been reviewed to ensure they included the right information. However adult family members linked to children on the safeguarding register were not coded.</p>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since the inspection of March 2019, the practice had experienced significant changes in the staffing, including the practice management team and administrative staff. We observed that the management of recruitment had benefited from a comprehensive review and had been updated to provide clear well organised records. We viewed three recruitment records, for different staff including a locum GP and these contained all the required information.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 13/02/2019	Y

There was a record of equipment calibration. Date of last calibration: 04/07/2019	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.	Y
There was a log of fire drills. Date of last drill: May 2019 and August 2019	Y
There was a record of fire alarm checks. Date of last check: Weekly	Y
There was a record of fire training for staff. Date of last training: Various dates	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 7/11/2019	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Improvements had been implemented since the last inspection and comprehensive up to date records were available for maintenance of the premises and these included fire safety.</p> <p>The passenger lift was maintained and monitored in accordance with Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out.	Y
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Each room in the building had been risk assessed between August and November 2019 and these assessments included health and safety and security of the building.</p> <p>Staff had received training on mandatory health and safety subjects.</p>	

## 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: August 2019	Y

The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A full infection control audit was undertaken in August 2019 and this identified many areas requiring improvement. At this inspection the areas identified had been actioned. Policies and procedures were available to staff for infection prevention and control (IPC), staff had received training and those staff we spoke with knew how to take action to mitigate risks to themselves and others.</p> <p>Weekly checks on each room were undertaken to ensure any areas identified were quickly actioned.</p> <p>The practice nurse, confirmed they were the lead for IPC, however additional training to support them in this role had not been undertaken.</p>	

### Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The areas identified requiring improvement at the last inspection including managing staff absence, and the clinical management of sepsis had been addressed.</p> <p>The practice worked collaboratively with another practice and had a shared management team, a joint web based communication and record system and the same GPs worked at both practices. This joined up working promoted resilience and allowed the teams to cover unexpected staff absences, quickly and safely.</p> <p>Staff had received training in sepsis and this included the clinicians. Sepsis flow diagrams were displayed in the practice. Reception staff were supported with a number of easy read pathways to respond to suspected medical emergencies and these included a pathway for chest pain, and sepsis. A 'query' pathway was also available and this supported staff in responding to patients requiring a range of support or information.</p>	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Systems to follow up laboratory and test results were established.</p> <p>Since the last inspection the practice had implemented a monitoring system of all those patients referred on the two week referral pathway. All two week referrals made by the practice, were checked every two days to ensure an appointment was sent to the patients. The practice manager undertook monthly audits of this process to monitor the effectiveness.</p> <p>The GP federation, (Local Primary Care) had established a workflow hub, to manage all electronic patient correspondence. The practice used the workflow hub and worked collaboratively with another practice to achieve this. Staff were trained, and a range of policies and procedures and protocols were in place both at the practice and at hub site. Systems were established to audit the effectiveness and safety of the correspondence work flowed.</p> <p>Systems were also established at the practice to ensure all paper correspondence was appropriately responded to.</p>	

## Appropriate and safe use of medicines

### The practice had some systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.89	0.99	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)	6.1%	7.0%	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)	5.95	5.73	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)	3.45	3.03	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.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	P
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of	Y

Medicines management	Y/N/Partial
unusual prescribing, quantities, dose, formulations and strength).	
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Improvements in the management of medicines had been implemented since the last inspection in March 2019. However the principle GP confirmed their action plan was still being implemented and further improvements continued to be actioned. To support them with improvements to the management of medicines they had recruited a clinical pharmacist specifically to focus on patient prescriptions and patient medicine reviews. At the time of our visit patient medicine reviews were undertaken opportunistically but the clinical pharmacist had commenced in their role by taking the lead to implement a structured plan to address this.</p> <p>The practice development plan included using an centralised hub to manage patient prescriptions. At this inspection the hub was still being developed. However, we observed that administrative systems were established to respond in a timely manner to requests for repeat prescriptions. Members of the administrative team were trained in medicine management level 1 and one staff member was training to level 2. At the time of this inspection, the deputy practice manager monitored patients who required high risk medicines, to ensure appropriate monitoring was undertaken. In addition, the clinical pharmacist was also undertaking this task and would soon take the lead responsibility for this.</p> <p>The first cycle of a clinical audit of patient prescribed high risk medicines had been undertaken and the outcome from this was being analysed; however it was identified that none had been coded correctly on the patient electronic system.</p> <p>As part of the CCG medicine optimisation the practice also used weekly a medication risk stratification software tool which identified patients who could be put at risk of harm from their prescribed medicines.</p> <p>The practice had improved the availability of emergency medicines since the last inspection and comprehensive monitoring of this was implemented.</p> <p>The practice also employed a further two clinical pharmacists, who were non-medical prescribers and their role included providing minor illness consultations. Systems were established to provide support</p>	

Medicines management	Y/N/Partial
to the pharmacists and this included informal on the job supervision and support; and a more formal recorded review of consultations and prescribing practice.	

### 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: Since June 2019	3
Number of events that required action:	3
<p>Explanation of any answers and additional evidence:</p> <p>A policy and proforma to record significant events were available. The practice manager confirmed there had been three incidents since they commenced in post. All staff spoken with told us about the procedure for logging incidents and could provide recent examples of incidents that had been shared with them.</p> <p>Significant incidents were a standing agenda item and were discussed at the weekly practice meeting. Learning from incidents was shared at meetings and staff were copied into an email outlining the outcome of the incidents.</p> <p>Significant incidents were stored on the practice's web based records management tool.</p> <p>The principle GP confirmed that a recent clinical incident would be reviewed under the significant incident policy. The practice manager confirmed this would be discussed at the practice meeting in the following week.</p>	

#### Example of significant events recorded and actions by the practice.

Event	Specific action taken
A two week referral was sent to the wrong clinic, this was identified to the practice who sent the referral to the correct clinic. However the referral was recorded on an older version of the referral proforma which required a further submission on the correct proforma.	The practice reviewed the whole process of referring patients by the two week referral pathway. They ensured all the up dated proformas were available to the administrative team. Pathway diagrams were provided to the administrative team to ensure referrals were sent to the correct clinic. In addition a log of all referrals was maintained and monitored every couple of days to ensure an appointment was provided to the patient.



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
<p>Explanation of any answers and additional evidence:</p> <p>Improvements in the management of patient safety alerts were identified at this inspection. The practice was signed up to receive patient safety alerts through the central alerting system (CAS). The practice manager received these and cascaded them to the clinical team. In addition practice team members told us they received emails from the Medicines and Healthcare products Regulatory (MHRA).</p> <p>There was evidence that the practice took action as required in response to safety alerts. The practice clinical pharmacist also monitored alerts and undertook patient record searches as required to ensure the appropriate action was taken to make sure patients were safe. We saw recent actions in relation to three medicines and in response to a problem with a specific brand of defibrillator.</p> <p>The practice web based record management system provided an audit trail of actions undertaken.</p>	

## Effective

## Rating: Good

The practice is rated as good for providing effective services. We noted improvements since the last inspection and these included the implementation of a structured quality improvement plan, good reference to evidence based practice and improvements in staff training and development. Population group Families, children and young people is rated as requires improvement as data for childhood immunisations was low.

### Effective needs assessment, care and treatment, quality improvement programme

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
<p>Explanation of any answers and additional evidence:</p> <p>The principle GP was able to demonstrate how they kept up to date with best practice guidance and there was easy access to National Institute for Health and Care Excellence (NICE) and other guidance on the web based record management system.</p> <p>The practice was being supported by the local GP federation and a clinical improvement plan was being implemented.</p> <p>A clinical audit plan was established, and this demonstrated the practice was reviewing different health care conditions to ensure optimum treatment was provided.</p>	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics	0.75	1.04	0.75	No statistical

Prescribing	Practice performance	CCG average	England average	England comparison
prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)				variation

## Older people

## Population group rating: Good

### Findings

- The practice was participating in the local quality initiative Quality and Outcomes Enhanced Services Transformation (QOEST) and as part of this 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 had recruited a clinical pharmacist whose role and responsibilities included following up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- A clinical pharmacist had been recently employed and as part of the practice's improvement plan and they were in the process of organising a system to undertake 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. The practice had recruited another practice nurse and were training them to undertake long term conditions reviews.
- 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. However the practice was in the process of purchasing their own machines to speed up this process for patients with suspected hypertension.
- 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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	74.7%	78.6%	79.3%	No statistical variation
Exception rate (number of exceptions).	11.7% (22)	10.7%	12.8%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.8%	78.9%	78.1%	No statistical variation
Exception rate (number of exceptions).	7.4% (14)	8.0%	9.4%	N/A
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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	78.7%	80.4%	81.3%	No statistical variation
Exception rate (number of exceptions).	12.8% (24)	8.5%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.2%	74.4%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.6% (3)	3.8%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	93.3%	91.2%	89.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	5.5%	11.2%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.5%	84.6%	83.0%	No statistical variation

Exception rate (number of exceptions).	4.6% (11)	3.0%	4.0%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	86.7%	92.0%	91.1%	No statistical variation
Exception rate (number of exceptions).	6.3% (1)	5.4%	5.9%	N/A

### Any additional evidence or comments

- The practice had achieved similar or slightly lower results in the Quality and Outcome Framework for 2018/19. However exception reporting was much lower. For example in 2017/18 reporting for diabetes Hb1Ac was 75% achievement with a 23% exception reporting rate and for 2018/19 this was 75% achievement with 11.7% rate of exception reporting.
- Systems for calling and recalling patients for appointments to monitor their long-term health condition were now established. The practice monitored patient attendance at reviews, sending reminders to patients of the importance of attending appointments. The practice telephone offered reviews opportunistically.
- The practice also participated in the clinical commissioning group (CCG) Quality Framework and used the monitoring data supplied by them to assess their performance and benchmark their achievement.

### Families, children and young people

### Population group rating: Requires Improvement

#### Findings

- The practice had very low number of children. Data was only available for three of the childhood indicators for two year olds. Data for these three childhood immunisations was all low at 50% or below. Data from the previous year showed achievement to be 90%. The practice nurse confirmed that they believed that they had good up take of vaccination but stated they had submitted the required information to the child surveillance team late.
- The practice manager tried to obtain data from the Child Health Information Service (CHIS) team, but the format of this did not align with that recorded below and therefore we were unable to make direct comparison. The emails from CHIS indicated there had been improvements in achievement by the practice.
- The practice contacted the parents or guardians of children due to have childhood immunisations. Repeated non attendance was discussed with the health visitor.
- Since the last inspection in March 2019 the practice had developed and implemented a policy to follow up children who had failed attendance 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%
( to ) (NHS England)				No Data!
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)	8	16	50.0%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	8	16	50.0%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	6	16	37.5%	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>

### Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.</li> <li>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.</li> <li>Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.</li> </ul>

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)	80.5%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	68.6%	61.3%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	51.6%	52.1%	57.3%	N/A

(01/04/2017 to 31/03/2018) <small>(PHE)</small>				
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) <small>(PHE)</small>	100.0%	76.7%	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) <small>(PHE)</small>	50.0%	49.7%	51.9%	No statistical variation

**People whose circumstances make them vulnerable**

**Population group rating: Good**

Findings
<ul style="list-style-type: none"> <li>• Same day appointments and longer appointments were offered when required.</li> <li>• All patients with a learning disability were offered an annual health check.</li> <li>• End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.</li> <li>• The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.</li> </ul>

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

**Population group rating: Good**

Findings
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Same day and longer appointments were offered when required.</li> <li>• The clinical pharmacist was strengthening the system to follow up patients who failed to attend for administration of long-term medication.</li> <li>• 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.</li> <li>• Patients with poor mental health, including dementia, were referred to appropriate services.</li> </ul>

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	86.2%	91.5%	89.4%	No statistical variation
Exception rate (number of exceptions).	6.5% (2)	9.4%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and	86.2%	92.5%	90.2%	No statistical variation

other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	6.5% (2)	8.8%	10.1%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.0%	85.7%	83.6%	No statistical variation
Exception rate (number of exceptions).	16.7% (1)	4.3%	6.7%	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)	505.8	No Data	539.2
Overall QOF score (as a percentage of maximum)	90.5%	No Data	96.4%
Overall QOF exception reporting (all domains)	5.9%	No Data	No Data

	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 commissioned the support of the local GP federation to support them in improving the quality of services provided. An overarching improvement plan was in place and this was supported by specific action plans for each area of service delivery.
- A clinical audit plan was in place and this listed the audits undertaken and the schedule for two re-audits. We reviewed two first cycle audits one for annual reviews of patients with hypertension and one of patients with diabetes and high cholesterol levels. Both identified areas requiring improvement and the establishment of call and recall systems. Staff confirmed the call and recall systems were established. Follow up audits were scheduled.



## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff training records were available and these detailed mandatory health and safety training, safeguarding and clinical training. Training certificates and induction training records were also available.</p> <p>Clinical staff told us they had opportunity to attend local external training in Hot Topics.</p> <p>Staff members told us about the outcome from their training needs analysis and a programme of staff development and upskilling was in place. One receptionist was training to become a health care assistant, another staff member was to receive level two medicine management training and the practice was training a nurse with a background in acute nursing care to be a practice nurse.</p> <p>Informal processes of monitoring the clinical practice and decision making of the clinical pharmacists was in place and this was supported with a formal process of recorded monitoring and feedback.</p>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice nurse explained the range of additional services available locally to support patients to self-care their health. These included structured education for diabetes, and referrals to health wise where support could be obtained for healthy nutrition and exercise.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or	97.7%	95.9%	95.0%	Tending towards variation (positive)

other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.4% (2)	0.7%	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
Explanation of any answers and additional evidence: The practice team demonstrated a good understanding of their patient demographics, including the ethnic and cultural diversity and the challenges people faced locally.	

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

Source	Feedback
Comments cards.	The three CQC comment cards described the service as 'excellent', 'very good', and staff were described as 'caring' and 'helpful'.
Patient feedback	We spoke with three patients on the day after the inspection. They provided positive feedback regarding the quality of care they received. They detailed the specific support they received from the GP. The three patients told us that the doctor listened to them and they were never rushed.
NHS Choices	No reviews had been uploaded since early 2018, when the service was provided by another provider.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2432.0	397.0	91.0	22.9%	3.74%

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)	99.5%	90.3%	88.9%	Variation (positive)
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)	97.1%	88.2%	87.4%	Tending towards variation (positive)
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)	98.9%	95.4%	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)	98.5%	85.7%	82.9%	Variation (positive)

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

Any additional evidence
<p>The practice had not devised their own patient survey yet.</p> <p>The practice did however use a software programme that allowed patients to provide feedback as part of the friends and family survey. The software programme allowed the practice to analyse the results and compare their performance with others in the locality. We noted that the results of the surveys were displayed on a notice board in the patient waiting room. The practice manager said they believed in responding to negative feedback and suggestions. However we saw that almost all the feedback received in the last three months was positive.</p> <p>The practice also had a small patient participation group (PPG) who met with the practice team and the GP on a regular basis. Members of the PPG we spoke with found these meetings to be really useful. A number of patients were also part of a virtual patient group and were consulted with through emails.</p>

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice manager had introduced pre-printed communication cards in reception to assist patients to identify a particular need to reception staff. For example, one card stated, 'I would like to speak confidentially', another stated, 'Please be patient I have difficulty speaking' and 'Please involve my carer...'</p> <p>The practice manager confirmed that these had been used and the feedback regarding their availability was positive.</p>	

Source	Feedback
Interviews with patients.	All three patients we spoke glowingly about the service they received. They told us about their different health situations and the type of personalised support the GP provided to them.

## 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)	100.0%	92.8%	93.4%	Variation (positive)

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 91 patients as carers. This equated to less than 3.75% of the patient population.
How the practice supported carers (including young carers).	The practice had a dedicated notice board in the reception area for patients. Flu vaccinations and health checks were offered to carers. Patients could also self-refer themselves for additional support.
How the practice supported recently bereaved patients.	The practice provided support to patients on an individual basis and this included a visit or telephone call if it was appropriate. They signposted patients to bereavement support services. The GP would visit patients at home to certify death quickly in response to religious and cultural needs.

## 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

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	NA
Online consultations took place in appropriate environments to ensure confidentiality.	NA
The practice advised patients on how to protect their online information.	Y

## Responsive

Rating: Good

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00 to 18:30
Tuesday	08:00 to 18:30
Wednesday	08:00 to 18:30
Thursday	08:00 to 18:30
Friday	08:00 to 18:30
Appointments available:	
Monday	09:30 to 12:30 and 16:30 to 18:00
Tuesday	08:00 to 11:00 and 14:00 to 17:00
Wednesday	07:30 to 11:00 and 17:30 to 19:30
Thursday	07:30 to 11:00 and 14:30 to 17:30
Friday	09:00 to 11:00 and 15:30 to 17:30
Extended Access	
Wednesday	From 7.30am and until 19:30
Thursday	From 7:30 am
Some consultation clinics were offered at the other practice, where joint working arrangements were in place. This allowed the small practice to offer a range of appointments flexibly. A female GP was usually available on Friday afternoons.	



## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2432.0	397.0	91.0	22.9%	3.74%

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)	98.7%	94.5%	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.
- The practice referred patients who required extra short term medical care and treatment to the community service known as the acute visiting team.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

### 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 nurse visited housebound patients to undertake long term condition health checks.
- The practice liaised regularly with the integrated neighbourhood team to ensure to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- Appointment times before and after school were available for children and families.
- 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 had been established to monitor 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 from 7.30am on Wednesdays and Thursdays. Patients could also access a later afternoon clinic on Wednesdays until 7.30pm at the other practice (Olive Medical Practice).
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of the GP federation. Appointments were available in the evening and at weekends. These included cytology appointments.

## **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 team could refer patients to a wellbeing service.

## **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.

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had introduced a 'query' system to try and meet patient demand. The practice team had asked patients to provide a brief synopsis of their concern. This was then reviewed by the GP who either contacted the patient directly or asked reception to contact the patient with a response.</p> <p>The practice reception team had access to flow diagrams which identified red flag symptoms and enabled the staff team to advise patients quickly on what action they should take.</p>	

## National GP Survey results

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)	96.1%	N/A	68.3%	Significant Variation (positive)
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)	93.3%	72.1%	67.4%	Variation (positive)
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)	90.7%	67.5%	64.7%	Variation (positive)
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)	90.7%	75.4%	73.6%	Tending towards variation (positive)

Source	Feedback
Patient comment cards	The three cards received provided positive feedback
Patients	The three patients we spoke with all confirmed they could get an appointment

	when they needed one. All three stated they were very happy with the quality of the care they received.
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## 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 since the practice manager commenced in post May 2019	4
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>We reviewed two complaints and examined the records in relation to these and these contained comprehensive and timely responses.</li> <li>We saw complaints were used to review and improve the service provided.</li> <li>Patients could also use a newly set up grumbles book.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
One complaint related to a reception staff member working alone in the practice.	An apology was provided to the complainant. Action taken in response to the complainant included a review of the lone working policy and risk assessment and discussion about both with reception staff. A review of safety was also undertaken which resulted in an increase in staffing so that no staff member worked in isolation.

## Well-led

## Rating: Good

At the previous inspection in March 2019 the practice was rated as inadequate for well led services, and a warning notice was issued to the practice. We followed up the warning notice in August 2019 and noted good improvement in providing well led services. This inspection identified continued improvement and this key question is now rated good. We found a comprehensive quality improvement plan was being implemented and effective progress was being made in improving service delivery in several areas. Governance, risk management, and systems to promote safe and effective care and treatment were in place.

### 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:  Since the last comprehensive inspection in March 2019, the practice had had a significant change in its staffing. There was a new practice management team and new reception staff. The GP provider had commissioned the support of the GP federation and a comprehensive improvement plan was established. A successful collaboration and joint working strategy were in place with another GP practice which improved the practice's resilience to meet challenges. Staff reported that they felt well-led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences. Regular team meetings were undertaken to discuss any issues or complex cases and to offer and receive peer support.	

### 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 GP and practice managers demonstrated a shared focus and commitment to deliver high quality, safe and effective services. The practice mission statement referred to improving the “health, well- being and lives of those patients registered at the practice”; and “to work in partnership with our patients, the staff and other allied health professionals...”. The practice mission statement was supported with a number of aims and objectives. Staff spoken with confirmed they were committed to providing a quality services to patients.

## Culture

### The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice’s speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

Explanation of any answers and additional evidence:

Staff stated they felt respected, supported and valued. They said they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. We observed there was positive relationships between all teams at the practice. Processes had been improved since March 2019 and staff now received regular training, had training development plans in place and were encouraged to develop their skills and abilities.

The practice’s quality improvement work used opportunities provided by patient, staff and stakeholder feedback, complaints and significant events to foster a culture of continuous improvement and service development.

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

Source	Feedback
Staff	Staff we spoke with were clear about their role and responsibilities at the practice. Staff said the practice team was open in its approach, friendly and willing to listen. A staff comments box was available.
Meeting Minutes	Meeting minutes showed a range of areas were discussed, including standing agenda items.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>The practice's quality improvement strategy was supported with a range of action plans for each strand of service delivery. These were monitored and updated at regular intervals. The local GP federation provided weekly support to the practice management team. Systems to monitor clinical performance using the Quality and Outcomes Framework (QOF) and the CCG quality initiative Quality and Outcomes Enhanced Services Transformation (QOEST) had been established and were being embedded. Comprehensive and up to date policies and procedures were available and accessible to all staff. Records of staff training were available and evidence that staff, including the practice nurse had had an appraisal and or discussion about personal development plans were also available.</p>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>Since the inspection March 2019, the practice had implemented a range of improvements to mitigate risks and improve performance and safety. The practice had introduced a web based record management system to support the delivery of safe responsive services. Practice documents including risk assessments were accessible to the whole practice team. Risk assessments were in place and actions undertaken to mitigate potential risks to patients, staff and members of the public. A programme of clinical audit was now in place and the outcomes from these reviews was used to improve patient care. Communication strategies were established internally with all staff teams, the partner GP practice and the wider community health and care services.</p>	

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### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
Data provided by QOF and QOEST was used to review and improve performance. A programme of regular review of information and performance was established, and this included weekly practice meetings and monthly team meetings.	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y

### Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
The practice had commissioned the support of the GP federation to improve the quality of the service. The practice also worked with the CCG quality team	

Feedback from Patient Participation Group.



## Feedback

Members of the patient participation group (PPG) we spoke with told us they found the meetings interesting and useful. One member told us that following the CQC inspection In March 2019, the PPG questioned the practice team about the content of the report to understand what the issues were.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:  Since the inspection of March 2019 there had been significant improvement in the quality and safety of the service being provided. The practice team were newly established but committed to continuously developing and improving the service provided.	

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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.