

Care Quality Commission

Inspection Evidence Table

Five Elms Medical Practice (1-2871346124)

Inspection date: 6 November 2019

Date of data download: 04 November 2019

Overall rating: Requires Improvement

At our last inspection held 13 September 2018, we rated the practice requires improvement overall for providing of services at the practice. At that time, the practice had made positive changes following an extended period of special measures. Those changes included employing enough clinical staff, strategy development of forward planning for staff absences, the introduction of systems to safeguard patients from abuse and action to improve patient satisfaction.

At this inspection held 6 November, the practice remains rated as requires improvement. The practice has continued to make positive changes as result of patient feedback, and this has been reflected in some of the scores achieved by the practice in the most recent National GP survey. However, issues relating to the governance and management of the practice and the low overall patient satisfaction scores achieved by the practice has meant that there has not been enough significant change by the practice to achieve a change in the overall rating.

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

Safe

Rating: Good

We rated the practice as providing safe services.

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 and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes

Safeguarding	Y/N/Partial
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
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>Concerns regarding patients who were identified as vulnerable were flagged on the patients' clinical record and recorded on the practice's vulnerable patient register.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
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> <p>On the day of inspection, the practice records for staff vaccination were incomplete. We saw records for three members of staff. One member of the administrative team had provided vaccination details, whilst the remaining members of the administration team had signed a form stating that they did not wish to wish to have the vaccines.</p> <p>Three clinical members of staff (not including the practice nurse) had not provided details of current vaccinations and immunity status. We discussed this with the GP provider and the practice manager. We were told by the practice manager that these details had been requested previously but no information had been received. We stressed the importance of having this information and was told by the practice that they would follow this up and forward on the relevant documentation.</p> <p>After the inspection, we received copy of current vaccinations and immunity status for one clinical staff member and was informed that the remaining two clinical staff members were requested to take further testing to confirm their immunity status.</p>	

Safety systems and records	Y/N/Partial
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There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: October 2019	Yes
There was a record of equipment calibration. Date of last calibration: October 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.	Yes
There was a record of fire alarm checks.	Yes
There was a record of fire training for staff. Date of last training: Jan 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 21 October 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: Fire training was conducted online annually. Fire alarm checks were conducted on a weekly basis by the building owners.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 23 October 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	No
Explanation of any answers and additional evidence: The practice had health and safety guidelines and policies in place, but there was no evidence that a recent health and safety risk assessment had been undertaken. The practice undertook its own security risk assessment this year because of an incident involving a patient and a member of staff.	

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: 8 October 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Partial
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: The most recent NHS infection prevention and control (IPC) audit was undertaken in October 2019. At the time of the inspection, the practice was working towards providing the required evidence to comply with upcoming time frames as set by the IPC team. Some of the issues identified as part of the audit had been given longer time frames to be completed as the issues related to structural and equipment changes.	

Risks to patients

There were some gaps in 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.	Partial
Comprehensive risk assessments were carried out for patients.	Partial
Risk management plans for patients were developed in line with national guidance.	Partial
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.	Partial
Explanation of any answers and additional evidence:	

We noted that the practice manager had an unexpected period of extended leave earlier this year and that during their absence, their role was not covered. This led to a backlog of work (including responding to complaints) which was only dealt with on the return to work of the practice manager.

There was no evidence this event was used as a tool to monitor how this absence affected the way the service was run and as a basis to put in place systems of what to do in the event of unexpected absence of key personnel. This issue was identified at our last inspection in September 2018.

We looked at five records for end-of-life patients and found that only three patients had received a general review of their health needs.

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
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:	
The practice spoke with us regarding sharing information and working alongside other agencies to ensure care and treatment of patients was done safely. This was done through the practice referrals to relevant services through the local multidisciplinary team.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.67	0.77	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)	9.0%	7.4%	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)	5.13	6.32	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)	1.84	2.08	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
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
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	Yes

Medicines management	Y/N/Partial
appropriate monitoring and clinical review prior to prescribing.	
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.	Yes
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.	Yes
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.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We looked at ten patient group directions and found that all ten were in date and had been signed by the practice nurse, the practice nurse cover and the GP provider.</p> <p>The practice oxygen and defibrillator were checked weekly and the date and who checked was written on a log.</p> <p>The practice also had a log to record the temperature of the vaccines fridge and it kept a data logger within the fridge, which allowed for continuous monitoring of temperatures.</p> <p>The practice did not keep controlled drugs the premises.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	11
Number of events that required action:	11
<p>Explanation of any answers and additional evidence:</p> <p>We asked the lead GP how many significant events the practice had over the past 12 months and he was unable to answer the question.</p> <p>The practice manager kept a record via a spreadsheet of significant events at the practice, but this was dated from March 2019 to November 2019. The spreadsheet contained details of the event including date of event, which staff members were involved, summary of event and actions taken. On the day of inspection, the practice had recorded 11 significant events.</p>	

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

Event	Specific action taken
Medication issued in error	Pharmacy was informed and asked to not fulfil prescription with incorrect medicine. New prescription issued for correct medication. The significant event was discussed at a subsequent all staff meeting.

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
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the practice acted on relevant safety alerts once received. We saw that following the receipt of a safety alert relating to Sodium Valproate, the practice conducted a search on their clinical system to identify patients who may be affected by the alert. These patients were invited into the surgery for a review and to discuss the possible effects of the medication they were taking and the alternatives available.</p>	

Effective

Rating: Inadequate

At our last inspection held 13 September 2018, we rated the practice good for providing effective services. At that time, the practice had systems in place to ensure that effective care was provided to all the populations group, apart from the population group people with long-term conditions which was rated requires improvement.

At this inspection held on 6 November we found that whilst the practice had systems in place to assist with delivery of effective care, at times these systems were not being monitored closely. We identified areas of serious concern around the governance of the recording, monitoring and follow up action of instances of inadequate screening results.

We have rated the practice as inadequate for providing effective care.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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.	Partial
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
Explanation of any answers and additional evidence: As part of the inspection, we looked at a random sample of patient clinical notes and found that in some cases not all patients had received a regular review. For example, we looked at a sample of five patient records receiving palliative care and found that three patients did not have a recent review conducted by the practice noted on their records.	

Prescribing	Practice performance	CCG average	England average	England comparison
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Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)	0.53	0.87	0.75	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- One appointment per day was embargoed specifically for patients in this population group.
- 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.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on	72.3%	72.6%	79.3%	No statistical variation

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>				
Exception rate (number of exceptions).	3.3% (11)	11.5%	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>	78.7%	81.0%	78.1%	No statistical variation
Exception rate (number of exceptions).	6.6% (22)	7.2%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	76.6%	80.4%	81.3%	No statistical variation
Exception rate (number of exceptions).	8.4% (28)	9.2%	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>	77.0%	79.2%	75.9%	No statistical variation
Exception rate (number of exceptions).	4.1% (7)	2.6%	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>	94.2%	93.2%	89.6%	No statistical variation
Exception rate (number of exceptions).	1.9% (2)	6.3%	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	87.0%	82.6%	83.0%	No statistical variation

31/03/2019) (QOF)				
Exception rate (number of exceptions).	2.1% (13)	3.5%	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) (QOF)	89.7%	90.1%	91.1%	No statistical variation
Exception rate (number of exceptions).	2.5% (1)	4.8%	5.9%	N/A

Families, children and young people

Population group rating: Requires Improvement

Findings

- The practice has not met the minimum 90% target for the four childhood immunisation uptake indicators. The practice has not met the World Health Organisation (WHO) based national target of 95% (the recommended standard for achieving herd immunity) for all four childhood immunisation uptake indicators. 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 offered 6-8 weeks new baby check alongside post-natal checks for mothers.
- One appointment daily is embargoed daily for patients under five who need to see a doctor on the same day.
- 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)	41	48	85.4%	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)	41	55	74.5%	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)	43	55	78.2%	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)	43	55	78.2%	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

The practice did not achieve the national or the WHO uptake rates for the four childhood immunisation indicators to March 2019. We viewed locally held unverified information (from the practice) on these indicators and saw that at the beginning of July 2019, the practice had achieved the national rate of 80% for both immunisations and boosters. However, between the rest of July to the beginning of October 2019 the practice had achieved approximately 50% of immunisations and approximately 60% for boosters.

We asked the practice whether they could explain why a fall in the take up rates had been recorded (excluding the school summer holidays), but the practice was unsure why there was a significant difference between the July to October figures.

The practice told us it had a recall process in place and that it was being used to call parents of patients whose child had not received the required vaccinations. The practice nurse told us that she would give vaccinations opportunistically (subject to consent) if patients were in the surgery for another reason.

Working age people (including those recently retired and students)

Population group rating: Inadequate

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)	71.8%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	65.5%	65.1%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	38.9%	40.3%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	82.4%	77.4%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	45.0%	52.7%	51.9%	No statistical variation

Any additional evidence or comments

The practice had a recall system in place for women who did not attend the practice for cervical screening. Nursing staff were aware that the practice was below the national target rate for cervical screening and told us that they followed up patients who did not make contact or not attend for a scheduled appointment to emphasise the importance of screening.

As part of our checks on the day of inspection, we asked the practice for the number of inadequate screening results over the last 12 months. Inadequate screening result occurs when the laboratory cannot see the cells (taken during the test) properly to give a result. We were told that the practice figures for this was in single figures, however when the inspection team ran a search on the practice clinical system for the figure, we found that this was double the figure we were told. Neither the practice manager or the GP lead was aware of this figure.

We showed this figure to the practice manager and practice nurse and asked what the practice had done about the inadequate screening results. We were told that there was a failsafe system in place which meant all inadequate results were followed up, however on the day of inspection the practice was unable to tell us or provide evidence that this had been completed. The inspection team told the practice of our concerns regarding this discovery and advised that the records of those on the list the inspection team obtained be checked to ensure that the appropriate follow up action had been taken.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

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 24 patients on their palliative care register. The inspection team looked a sample of five patient records on this register and found three patients had not received a recent review of their care.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- Twenty seven of 39 patients identified by the practice as having poor mental health had a care plan documented on their patient record.
- 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.
- Not 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 (01/04/2018 to 31/03/2019) (QOF)	92.3%	93.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	9.3% (4)	4.1%	12.3%	N/A
The percentage of patients with	90.0%	95.0%	90.2%	No statistical

schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)				variation
Exception rate (number of exceptions).	7.0% (3)	3.5%	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) (QOF)	100.0%	83.7%	83.6%	Variation (positive)
Exception rate (number of exceptions).	13.0% (3)	5.2%	6.7%	N/A

Any additional evidence or comments

In addition to following-up on patients recently diagnosed with dementia, the practice told us that these patients are given a care plan which is updated regularly.

We looked at the training records for 11 members of staff and found that only two staff members had completed dementia awareness training over the past 12 months.

Monitoring care and treatment

The practice had a 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)	537.8	No Data	539.2
Overall QOF score (as a percentage of maximum)	96.2%	No Data	96.4%
Overall QOF exception reporting (all domains)	3.6%	No Data	No Data

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a 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.	Partial
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

We viewed a one -cycle audit conducted by the practice which looked at patients who following their most recent blood test had recorded a high hba1c score. Hba1c is a test which identifies the levels of blood

glucose in diabetic patients. We noted that the GPs and practice nurse met to formulate a plan of action on how to achieve a reduction in the high blood glucose levels of the identified patients.

From the 21 patients identified, all but one patient had a documented plan of action, as the patient had died. We noted that the outcomes of two patients had not been recorded.

As this was a one-cycle audit, we were unable to identify any clear outcomes or improvements to patient care.

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.	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
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.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The management team of the practice had systems in place to manage variable performance of staff. However, we noted management did not always follow up performance of staff to ensure that there was an improvement in their performance where concerns had previously been identified.</p> <p>On the day of inspection, we noted that the practice nurse had not received an appraisal despite being in post for 13 months.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019)	Yes

(QOF)	
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

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
<p>Explanation of any answers and additional evidence:</p> <p>Clinical staff we spoke to told us about local initiatives that they could refer patients on to (with their consent) or signpost patients to services which could help improve their health, for example exercise programmes.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	95.4%	96.4%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.5% (5)	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
Explanation of any answers and additional evidence: Clinical staff at the practice talked with the inspection team about how they gained consent from patients before any procedure was undertaken. For example, the practice nurse told us that they would explain thoroughly any procedure to be done to a patient before gaining their consent and commencing the treatment. Consent gained was recorded on the patient's clinical record.	

Caring

Rating: Requires Improvement

At our last inspection held 13 September 2018, we rated the practice requires improvement for providing caring services. At that time, the practice scores from the most recent National GP Survey showed some improvement from the previous year but were still below national average scores for patient satisfaction following a consultation with a healthcare professional.

At this inspection held on 6 November 2019, we noted the practice continued to act upon feedback received as part of the internal patient survey and that there was some improvement in the scores the practice achieved on individual questions within the National GP Survey. However, patients' overall satisfaction score for the practice was almost 20% lower than the average score for other local practices in the area.

Due to the mixed overall scores achieved by the practice in the National GP Survey, the practice remains as requires improvement for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was mixed 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.	8
Number of CQC comments received which were positive about the service.	5
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	1

Source	Feedback
NHS website	The practice received an average rating of 1.5 stars. The main themes of feedback centred around gaining access to the practice, the attitude of staff and the level of care provided.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3971.0	336.0	93.0	27.7%	2.34%

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)	69.1%	81.7%	88.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	72.4%	78.3%	87.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	84.2%	91.9%	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)	54.2%	73.6%	82.9%	Variation (negative)

Any additional evidence or comments
The National GP survey results for 2019 showed an improvement in patient satisfaction in comparison to the scores achieved in the 2018 survey, however the practice scores were still below both the local and national averages and the practice scored almost 30% below the national average regarding patients' overall experience at the practice.

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

Any additional evidence
The practice has carried out its own patient survey in October 2019 and asked patients eight questions in relation to patient care at the practice.
One hundred questionnaires were distributed and 52 returned. 92% of respondents said they were happy with the care they received at the practice. 13.5% patients identified themselves as having additional needs, of which 29% percent felt that their additional needs were not met when at they attended the practice.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

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)	78.6%	88.0%	93.4%	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.	Partial
Explanation of any answers and additional evidence:	

Interpretation services were available to patients registered at the practice who required one. This service would be arranged at the same time as the appointment was booked.

The practice website had telephone numbers for relevant organisations, however there were no local numbers or further information provided for local organisations such as Age UK or carers groups.

Carers	Narrative
Percentage and number of carers identified.	62 carers (2% of practice population)
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • Health checks are offered annually • Flu vaccinations are offered annually • Information regarding local services are available in waiting room • Practice staff offer advice and signposting to appropriate support services
How the practice supported recently bereaved patients.	Practice would contact the next of kin. Patients would be signposted to support 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 our last inspection held 13 September 2018, we rated the practice requires improvement for providing responsive services. At that time the practice introduced internal patient surveys and had made changes to the appointment system following feedback from the internal patient survey. In addition, the practice increased the number of telephone lines into the practice to allow increased access by telephone to the practice. Responses from the National GP Survey showed improvement from the previous year.

At this inspection held on 6 November 2019, we noted the practice continued to act upon feedback received as part of the internal patient survey and that there was continued improvement in the scores the practice achieved on individual questions within the National GP Survey. However, patients' overall satisfaction score for gaining access to the practice was significantly lower in comparison to average scores for other local practices in the area and we found that not all complaints were responded to in a timely manner.

As the issues highlighted in the above paragraph affect all the population groups, this key question and all population groups continues to be rated as requires improvement.

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.	Partial
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
Explanation of any answers and additional evidence: Whilst the practice had some understanding of the needs of its local population (for example, providing telephone consultations and extended hours surgery for working patients), there was no evidence to demonstrate the actions taken by the practice to improve the services provided to patients.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 19:30pm (extended hours)
Tuesday	8am – 18:30pm
Wednesday	8am – 19:30pm (extended hours)
Thursday	8am – 18:30pm
Friday	8am – 18:30pm
Appointments available:	
Monday	08:30am – 19:15pm
Tuesday	08:30am – 14:30pm; 15:30pm – 18:00pm
Wednesday	08:30am – 13:30pm; 14:00pm – 19:15pm
Thursday	08:30am – 11:30am
Friday	08:30am – 13:30pm; 14:00pm – 18:00pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3971.0	336.0	93.0	27.7%	2.34%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	89.1%	91.5%	94.5%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Requires Improvement

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services. However, formal reviews of end of life care for patients who required it was not always completed in a timely manner.

Families, children and young people

Population group rating: Requires Improvement

Findings

- Additional nurse appointments were available until 7:15pm 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.
- Young adults were offered the Meningitis ACWY vaccine.

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. Telephone consultations were available during and after morning clinical sessions.
- The practice was open until 7:30pm on a Monday and Wednesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- Patients (in this and all other population groups) were able to book appointments online and submit repeat medication requests.

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, asylum, seekers 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.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: 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.

Timely access to the service

People were 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
Explanation of any answers and additional evidence: Patients were asked to contact the practice by 10am if they required a home. The request would be passed on the lead GP for them to contact the patient and assess their needs.	

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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)	26.9%	61%	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)	42.5%	57.5%	67.4%	Tending towards variation (negative)
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)	47.6%	58.4%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	58.3%	61.8%	73.6%	No statistical variation
Any additional evidence or comments				
Results from the 2019 patient survey revealed that the patient satisfaction with accessing the practice by telephone had decreased from the 2018 survey score of 30.7%.				

Source	Feedback
NHS Choices	The website had two comments since our last inspection in September 2018. Both comments were about the quality of care provided by the practice and how the practice is not being managed appropriately especially when attempting to make an appointment. The practice had not responded to the comments.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	4
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	1

Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
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	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Information on how to complain was available at the practice via the practice leaflet and on the practice website.</p> <p>We saw from meeting minutes that complaints were discussed at clinical staff meetings, and on one occasion a policy had been amended because of the complaint. However, there was no evidence from the all staff meeting minutes we were provided with that complaints were shared with all staff members.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Secondary care referral not processed	<p>Audit trail of what happened undertaken, where it was identified that the referral had not been processed correctly.</p> <p>Letter sent to complainant five months after complaint received with apology but no firm outcomes for the complainant regarding what the practice was going to do because of the complaint to ensure that this event would not happen again.</p>

Well-led

Rating: Requires Improvement

At our last inspection held 13 September 2018, we rated the practice good for providing well-led services. At that time the practice had made positive changes following an extended period of special measures. Those changes included employing enough clinical staff and development of a strategy for forward planning for staff absences.

At this inspection, we found that practice had a vision to provide quality care and used data to support that vision and to enable sustainable provision of care. However, we found issues relating to the governance and management of the practice which impacted on how the practice management identified, managed and mitigated possible risks.

As a result, the practice is now rated requires improvement for well-led services.

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.	Yes
They had identified the actions necessary to address these challenges.	Partial
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	No
Explanation of any answers and additional evidence: The practice had taken a proactive approach to understanding the challenges to quality and sustainability and this had been reflected in the previous inspection held in September 2018. However, at this inspection, the improvement that the practice had achieved had not in all cases been maintained. An example of this was lack of oversight of some areas of the nursing provision provided.	

Vision and strategy

The practice had a clear vision and strategy to provide 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.	Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial

Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	No
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a vision and aims document, which prioritised the mission statement of the practice of enhancing the quality of life for individuals in the local community through the efficient use of all health care resources available.</p> <p>Practice leaders were able to talk with us about the priorities, but it was difficult to identify any progress made as there was no written plan in place. The lack of a written plan was identified at the last inspection.</p> <p>Staff were aware of the mission statement for the practice and could talk with us about their role in achieving the aim of the statement. The visions and aims document were developed in collaboration with all staff.</p>	

Culture

The practice had a culture which drove quality sustainable care.

	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.	Yes
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
Staff had undertaken equality and diversity training.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We looked at the training matrix for staff and found only three out of 11 staff had undertaken equality and diversity training in the last 12 months.</p>	

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

Source	Feedback
Reception staff	Happy working at practice, all help each other to be able to their work. Management are supportive and there is a no-blame culture at the practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management, however these were not always effective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Whilst there were governance structures at the practice these were not always adhered to. This was evident through the intermittent support and supervision for a clinical member of staff where an issue regarding their performance had been previously identified.</p> <p>In addition, we found that not all documents were kept in staff files. This primarily related to members of the clinical team at the practice.</p> <p>When we spoke with the practice manager about this, she told us that she had requested specific documents such as proof of safeguarding from clinical staff members numerous times but that she had not received any response to her requests.</p> <p>We spoke to the GP provider and the practice manager together regarding this issue and emphasised the importance of up-to-date staff files at the practice. The GP provider told us that he would follow up on this with clinical members of the team.</p> <p>After the inspection, we received further documentation from the practice regarding staff training and staff immunity status.</p>	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance, but these were not always used correctly.

	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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice business continuity plans contained details of what to do in the event of a major incident. This document was kept updated by the practice manager.</p> <p>Whilst there were arrangements in place to manage performance, this did not always help the practice management to identify, manage and mitigate possible risks to patients. This was evident through the practice management lack of awareness of the correct number of inadequate smears achieved at the practice over the past 12 months.</p> <p>We also noted that staff absences were not being covered appropriately. The practice manager had been away unexpectedly for a period of six weeks and during that time their duties were not covered.</p>	

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

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain 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.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the	Yes

needs of the population.	
Explanation of any answers and additional evidence:	
We viewed a copy of a patient participation group (PPG) meeting held last year and saw that there were open discussions between the group and the practice management on how to improve on services provided by the practice. For example, there was a discussion which members of the PPG and practice management looked at ways of promoting the service the practice provided, including extended hours and online services. A suggestion of a practice newsletter was agreed upon, with the practice manager agreeing to look at how this could be achieved.	

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.	Partial
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence:	
The practice told us it was committed to increasing the knowledge base of staff and it would support this through encouraging staff to undertake courses which would be beneficial to staff and the practice. It had offered to support a member of staff to obtain a healthcare assistant qualification, but due to personal circumstances, the member of staff was unable to continue with their studies.	
We saw that improvements were made because of learning shared at clinical meetings (for example through reviewing and discussing significant events), we did not have any evidence that a similar process was being adopted at the all staff meetings.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

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