

# Care Quality Commission

## Inspection Evidence Table

### Orton Bushfield (1-7382111116)

Inspection date: 10 December 2019

Date of data download: 06 December 2019

## Overall rating: Requires Improvement

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

## Safe Rating: Requires Improvement

At this inspection, the practice was rated as requires improvement for providing safe services because:

- We found the emergency equipment held by the practice did not contain pulse oximeters.
- Formal guidance on medical emergencies, including sepsis, was not available for staff.
- We found the practice did not routinely follow-up on urgent cancer referrals in line with recommended national guidance.
- The practice did not have a formal documented process in place for clinical oversight regarding the work of non-medical prescribers.
- The practice did not have readily accessible oversight of all staff training but after the inspection showed evidence that staff had received safeguarding training.

### 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 <sup>1</sup>
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 <sup>2</sup>
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y

Safeguarding	Y/N/Partial
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y <sup>2</sup>
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>1 – At the previous inspection (under the previous provider), we found safeguarding processes and systems were not clear. At this inspection, we found the new provider had implemented improved safeguarding policies, systems and processes. We found that staff were clear on their roles and responsibilities in relation to safeguarding.</p> <p>The new provider had completed an audit of the safeguarding register for children and reviewed each child to ensure that appropriate actions were taken and whether to remain on the register.</p> <p>2 – Practice staff told us they had received safeguarding training to appropriate levels for their role and staff we spoke with appeared knowledgeable in relation to safeguarding. On the day of the inspection the practice did not have readily accessible oversight of all of the training that members of staff had completed and were in the process of reviewing the training received by staff. The practice was aware of this and had plans in place to ensure oversight of training was achieved following the inspection. The practice sent a sample of evidence after the inspection following our request, to show staff had received safeguarding training.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y

<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: November 2019	Y
There was a record of equipment calibration. Date of last calibration: December 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: July 2019	Y
There was a log of fire drills. Date of last drill: October 2019	Y
There was a record of fire alarm checks.	Y
There was a record of fire training for staff. Date of last training: Ongoing training provided to staff where required	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: October 2019	Y <sup>1</sup>
Actions from fire risk assessment were identified and completed.	Y <sup>1</sup>
Explanation of any answers and additional evidence: 1 – At the previous inspection at the practice, we found the previous provider did not have oversight of the actions arising from the fire risk assessment. At this inspection, we found the new provider had a new fire risk assessment in place and all actions requiring completion had been completed.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: July 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2019	Y <sup>1</sup>
Explanation of any answers and additional evidence: 1 – At the previous inspection at the practice, we found the previous provider did not have oversight of the actions arising from the health and safety risk assessment. At this inspection, we found the new provider had a new health and safety risk assessment in place and had oversight of the actions requiring completion.	

## 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: July 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y <sup>1</sup>
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: 1 – At the previous inspection we found the previous provider had commenced an infection, prevention and control audit six weeks prior to our inspection but had not completed it. At this inspection we found the new provider had completed a new infection, prevention and control audit in July 2019. We reviewed the actions arising from the audit and found that whilst the actions appeared to have been completed in the practice, the audit did not indicate they had been completed. The practice told us they would review their approach in accurately completing updates and actions in relation to the IPC audit.	

## Risks to patients

There were adequate 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.	Y <sup>1</sup>
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.	Partial <sup>2</sup>
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y <sup>3</sup>
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>1 – At the previous inspection under the previous provider, we found the practice operated with small numbers of clinical staff and a high proportion of locum use. At this inspection, we found the new provider had successfully recruited a two salaried GPs and two nurses and the use of locum staff had reduced to a small number of regular, long-term locums.</p> <p>2 – We found the emergency equipment did not contain pulse oximeters. When we raised this with the provider, they told us that pulse oximeters had been ordered for use in the emergency bag.</p> <p>3 – Whilst we found that clinical and non-clinical staff were knowledgeable about actions to take if they encountered a deteriorating or acutely unwell patient, we found that specific guidance had not been distributed to staff. The provider told us guidance would be issued following the inspection.</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.	P <sup>1</sup>
There was a documented approach to the management of test results and this was managed in a timely manner.	Y <sup>2</sup>
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>1 – We spoke with members of staff who were responsible for monitoring two-week wait referrals. Staff told us they only monitored referrals where patients did not attend and did not routinely follow up on referrals which may have been delayed. The provider told us they would address this following the inspection.</p> <p>2 – At our previous inspection under the previous provider, we found there were 122 outstanding test results on the practice's system, 86 of these test results had not been opened. At this inspection, we found the new provider had implemented a new system to ensure that test results were reviewed and actioned where appropriate, in a timely manner. We found that test results had all been opened and acted upon as appropriate, on the day of the inspection.</p>	

## Appropriate and safe use of medicines

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

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.	P <sup>1</sup>
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y <sup>2</sup>
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 unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y <sup>3</sup>
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 <sup>3</sup>
<p>Explanation of any answers and additional evidence:</p> <p>1 – At the previous inspection under the previous provider, we found there was no system in place to audit or monitor the prescribing work of non-medical prescribers. At this inspection we found the provider informally monitored the prescribing and was in the process of arranging a process of formal supervision.</p>	

Medicines management	Y/N/Partial
2 – We found the provider had inherited approximately 1,000 overdue medicine reviews from the previous provider. The new provider had prioritised the medicine reviews and completed 775 medicine reviews at the time of the inspection. The provider had a plan in place to complete the remaining overdue medicine reviews and had implemented a new system to ensure they were completed on an ongoing basis.	
3 – At the previous inspection under the previous provider, we found the provider’s system of monitoring the expiry dates of emergency medicines and vaccines was ineffective. At this inspection we found the new provider had implemented a new system for monitoring the emergency medicines and vaccines and we found none which had passed their expiry date on the day of the inspection.	

## 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 <sup>1</sup>
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 since June 2019:	21
Number of events that required action:	21
Explanation of any answers and additional evidence: 1 – At the previous inspection under the previous provider, we found that the significant events log was incomplete and did not contain details of the significant events that were recorded. At this inspection, we found the new provider had implemented a new system for recording, managing and learning from events.	

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

Event	Specific action taken
A patient referral had not been completed.	The practice contacted the patient to explain and apologise for the error. An analysis of the event was undertaken, the members of staff involved were spoken to and the locum GP pack was updated to include specific information on the handling of referrals.
A home visit request was missed.	The practice contacted the patient to explain and apologise for the error. An analysis of the event was undertaken, the members of staff involved were spoken to and the process was reaffirmed to all staff.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y <sup>1</sup>
Staff understood how to deal with alerts.	Y <sup>1</sup>
<p>Explanation of any answers and additional evidence:</p> <p>1 – At the previous inspection under the previous provider, we found there was no system in place to effectively manage patient safety alerts. At this inspection we found the new provider had implemented a system for managing patient safety alerts and staff we spoke with were knowledgeable about the system.</p> <p>We reviewed four patient safety alerts and found the practice had completed appropriate monitoring and actions where appropriate.</p>	

## Effective

## Rating: Requires Improvement

At this inspection, the practice was rated as requires improvement for providing effective services because:

- The practice's audit programme was limited and the practice did not regularly review unplanned admissions and readmissions.
- The practice did not have complete oversight of all of the training that members of staff had completed relevant to their role.
- The practice did not have a formal supervision system for non-medical prescribers, salaried and locum clinical staff.

At this inspection, Quality Outcomes Framework data was not included in the inspection report or evidence table. This was because the provider had only been providing services from the location for 6 months prior to the inspection; therefore the data available related to the previous provider.

The new provider was aware of the previous provider's poor Quality Outcomes Framework performance data. Due to the prioritised work undertaken to improve patient safety, shortly before the inspection, the provider had started to take action to address the previous data. A new Nurse Manager had been appointed to oversee the recall system and patient reviews, which included changes to the recall system such as changing the recall date to the patient's birth month. Improvements to the practice's performance will be reviewed at the next inspection.

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to ensure 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

## Older people

## Population group rating: Requires Improvement

### Findings

The issues identified in effective affected all patients including this population group, however, there were some areas of good practice such as:

- 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 trialled a dedicated home visiting GP for routine visits two mornings per week for patients with non-acute concerns.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

## Population group rating: Requires Improvement

### Findings

The issues identified in effective affected all patients including this population group, however, there were some areas of good practice such as:

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice had recruited a new nurse manager shortly prior to the inspection, to oversee the reviews of patients with long-term conditions.
- 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 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.

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

## **Population group rating: Requires Improvement**

### **Findings**

The issues identified in effective affected all patients including this population group, however, there were some areas of good practice such as:

- Dedicated childhood immunisation clinics were implemented for patients. The provider reported that patients not attending for immunisations were contacted by a clinician.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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

## **Population group rating: Requires Improvement**

### **Findings**

The issues identified in effective affected all patients including this population group, however, there were some areas of good practice such as:

- 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.

**People whose circumstances make them vulnerable**

**Population group rating: Requires Improvement**

**Findings**

The issues identified in effective affected all patients including this population group, however, there were some areas of good practice such as:

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. The practice had enabled the Specialist Practitioner for Mental Health to become the practice's learning disability champion and intended for them to be a familiar face for this cohort of patients.
- The practice employed a social prescriber through the Primary Care Network (PCN) who provided help for vulnerable or struggling patients to access support and services.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

**Population group rating: Requires Improvement**

**Findings**

The issues identified in effective affected all patients including this population group, however, there were some areas of good practice such as:

- The practice employed a Specialist Practitioner for Mental Health, on a shared basis with the provider's other location, who held clinics at the practice for patients.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services.

## Monitoring care and treatment

The practice had started to implement a programme of quality improvement activity and started to review the effectiveness and appropriateness of the care provided.

	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.	P <sup>1</sup>
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.	N <sup>2</sup>
Explanation of any answers and additional evidence: 1 – We found the provider had started a programme of clinical and internal audit; however, the provider had only been in situ for six months at the time of the inspection and therefore was only able to evidence a limited audit programme. 2 – The practice did not regularly review unplanned admissions and readmissions. The provider told us they would implement a system of review following the inspection.	

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

<p>The provider had inherited a number of concerns from the previous inspection visit. The provider implemented an action plan at the time of becoming the registered provider, which included a number of clinical and non-clinical audits to identify concerns and take action where appropriate. For example:</p> <ul style="list-style-type: none"><li>• The provider identified an unknown number of locum clinicians had used a generic system logon, which did not allow the provider to audit who had undertaken certain consultations, tasks or referrals. The provider completed an audit of all work undertaken on the generic logon to ensure actions taken were safe and there were no outstanding actions requiring attention.</li><li>• The provider identified a number of outstanding tasks, letters and test results. The provider completed an audit to ensure prioritisation and worked to complete all tasks, letters and test results. A new system was implemented and further audits completed to ensure compliance.</li></ul>
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## Effective staffing

**The practice was generally 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 <sup>1</sup>
The learning and development needs of staff were assessed.	P <sup>1</sup>
The practice had a programme of learning and development.	P <sup>1</sup>
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.	P <sup>2</sup>
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	P <sup>2</sup>
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	P <sup>2</sup>
<p>Explanation of any answers and additional evidence:</p> <p>1 – Members of staff told us examples of training courses they had completed, appeared knowledgeable around subjects discussed, and we saw some evidence of staff training through personnel files. However, the practice did not have complete oversight of all of the training that members of staff had completed and were in the process of reviewing the training received by staff. The practice were aware of this and had plans in place to ensure oversight of training was achieved following the inspection.</p> <p>2 – At the previous inspection under the previous provider, we found there was a limited appraisal and supervision system. The new provider had acted to implement a new system and we saw that non-clinical staff had receive supervision and appraisals. However, the provider had not yet developed a formal supervision system for non-medical prescribers, salaried and locum clinical staff.</p>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
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.	N/A

## 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

## Consent to care and treatment

### The practice 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

At this inspection, data from the National GP Patient Survey was not included in the inspection report or evidence table. This was because the provider had only been providing services from the location for 6 months prior to the inspection; therefore the data available related to the previous provider.

The new provider was aware of the previous provider's GP National Patient Survey performance data which was in line with CCG and England averages for Caring indicators. However, the new provider had plans to further improve patient satisfaction by completing an external patient survey to understand areas which need improvement. This was planned for early 2020.

Improvements to the practice's performance will be reviewed at the next inspection.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	26
Number of CQC comments received which were positive about the service.	22
Number of comments cards received which were mixed about the service.	Four
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
CQC comment cards	Patient feedback received through CQC comment cards on the day of the inspection was wholly positive in relation to the caring attitude demonstrated by staff. Four comment cards contained negative feedback, but these related to accessing the practice.
Patient consultations	Patients we spoke with on the day of the inspection were wholly positive about the caring attitude displayed by staff. Patients informed us of specific examples where they believed that staff displayed positive caring attitudes.
NHS Choices	Six reviews had been posted on NHS Choices since the previous inspection. All six reviews were rated as four or five stars and contained positive feedback in relation to perceived improvements at the practice; in addition to a number of positive comments in relation to the caring attitude displayed by staff.

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

### Involvement in decisions about care and treatment

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

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

Source	Feedback
CQC comment cards	Patient feedback received through CQC comment cards on the day of the inspection was wholly positive in relation to being involved in care and treatment decisions. Four comment cards contained negative feedback, but these related to accessing the practice.
Patient consultations	Patients we spoke with on the day of the inspection were wholly positive about being involved in care and treatment decisions.
NHS Choices	Six reviews had been posted on NHS Choices since the previous inspection. All six reviews were rated as four or five stars and contained positive feedback in relation to perceived improvements at the practice; in addition to a number of positive comments in relation to being involved in care and treatment decisions.

	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 and supported 57 carers, approximately 1% of the practice population.
How the practice supported carers (including young carers).	The practice provided information for carers on noticeboards within the practice; this included support groups and services. In addition to this, the practice told us clinicians would signpost carers to relevant services where appropriate. The practice also employed a social prescriber through the Primary Care Network (PCN) who could be referred to for social support and services.
How the practice supported recently bereaved patients.	The practice told us they would contact recently bereaved patients to offer their condolences and any support that was required.

## 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

## Responsive

## Rating: Requires Improvement

At this inspection, the practice was rated as requires improvement for providing responsive services because:

- Feedback from patients on the day of the inspection through CQC comments cards and consultations with patients was negative in relation to being able to access the practice; specifically by telephone and appointment availability. The practice were aware of this negative feedback and told us they intended to take actions to improve patient satisfaction following the inspection.

At this inspection, data from the National GP Patient Survey was not included in the inspection report or evidence table. This was because the provider had only been providing services from the location for six months prior to the inspection; therefore the data available related to the previous provider.

The new provider was aware of the previous provider's GP National Patient Survey performance data which was below CCG and England averages for Responsive indicators, particularly for accessing the practice. Due to the prioritised work undertaken to improve patient safety, shortly before the inspection, the provider had started to take action to address the previous data. This included changes to the appointment system to allow for additional pre-bookable routine appointments and additional staff tasked with answering the telephone during peak periods.

However, the new provider had plans to further improve patient satisfaction by completing an external patient survey to understand areas which need improvement. This was planned for early 2020.

Improvements to the practice's performance will be reviewed at the next inspection.

### 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	8.30am to 1pm and 1.30pm to 6pm
Tuesday	8.30am to 1pm and 1.30pm to 6pm
Wednesday	8.30am to 1pm and 1.30pm to 6pm
Thursday	8.30am to 1pm and 1.30pm to 6pm
Friday	8.30am to 1pm and 1.30pm to 6pm
Appointments available:	
Monday	8.30am to 12pm and 2.30pm to 6pm
Tuesday	8.30am to 12pm and 2.30pm to 6pm
Wednesday	8.30am to 12pm and 2.30pm to 6pm
Thursday	8.30am to 12pm and 2.30pm to 6pm
Friday	8.30am to 12pm and 2.30pm to 6pm
The practice also offered extended hours appointments on evenings and weekends through a Federation of local practices.	

## Older people

## Population group rating: Requires Improvement

Findings
<p>The issues identified in responsive affected all patients including this population group, however, there were some areas of good practice such as:</p> <ul style="list-style-type: none"> <li>• All patients had a named GP who supported them in whatever setting they lived.</li> <li>• 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.</li> <li>• The practice provided effective care coordination to enable older patients to access appropriate services.</li> <li>• Flu vaccinations for housebound patients were commissioned to be completed by community services. However, upon hearing of a delay to these vaccinations, the practice proactively completed them.</li> </ul>

## People with long-term conditions

## Population group rating: Requires Improvement

### Findings

The issues identified in responsive affected all patients including this population group, however, there were some areas of good practice such as:

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice made changes to the patient recall system to recall patients in line with their month of birth, aiming to make it easier for patients and staff to recognise when a review is due.
- The practice increased the number of health care assistant appointments available in the afternoon clinics for patients with long-term conditions.
- 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.

## Families, children and young people

## Population group rating: Requires Improvement

### Findings

The issues identified in responsive affected all patients including this population group, however, there were some areas of good practice such as:

- Additional appointments were available in the afternoon to ensure patients 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.
- 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: Requires Improvement**

**Findings**

The issues identified in responsive affected all patients including this population group, however, there were some areas of good practice such as:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice had increased the promotion of online services.
- Additional telephone consultations were available to patients so that they did not need to take time away from work or studies.
- Pre-bookable appointments were available to all patients during the evenings and weekends at additional locations within the area, as the practice was a member of a GP federation.

**People whose circumstances make them vulnerable**

**Population group rating: Requires Improvement**

**Findings**

The issues identified in responsive affected all patients including this population group, however, there were some areas of good practice such as:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

**Population group rating: Requires Improvement**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff we spoke with 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 not always able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – The new provider was aware of the previous provider’s GP National Patient Survey performance data which was below CCG and England averages for Responsive indicators, particularly for accessing the practice. Due to the prioritised work undertaken to improve patient safety, shortly before the inspection, the provider had started to take action to address the previous data. This included changes to the appointment system to allow for additional pre-bookable routine appointments and additional staff tasked with answering the telephone during peak periods.</p> <p>However, the new provider had plans to further improve patient satisfaction by completing an external patient survey to understand areas which need improvement. This was planned for early 2020.</p> <p>Improvements to the practice’s performance will be reviewed at the next inspection.</p>	

Source	Feedback
CQC comment cards	Patient feedback received through CQC comment cards on the day of the inspection were generally positive. However, four comment cards contained negative feedback, which all related to accessing the practice.
Patient consultations	Patients we spoke with on the day of the inspection informed us of difficulties in accessing the practice. Patients told us they continued to struggle to access the practice by telephone, and whilst accessing appointments had improved, they noted there were still difficulties.
NHS Choices	Six reviews had been posted on NHS Choices since the previous inspection. All six reviews were rated as four or five stars and contained positive feedback in relation to perceived improvements at the practice.

## 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 June 2019.	10
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	One

	Y/N/Partial
Information about how to complain was readily available.	Y <sup>1</sup>
There was evidence that complaints were used to drive continuous improvement.	Y <sup>1</sup>
Explanation of any answers and additional evidence: 1 – At the previous inspection under the previous provider, we found that not all complaints were recorded and where they were, they were not always appropriately managed. At this inspection we found the new provider had implemented a new system for managing complaints. We reviewed two complaints and found that they had been appropriately recorded, managed and responded to.	

Example of a complaint.

Complaint	Specific action taken
A patient complained due to their appointment being rescheduled at short notice.	The practice reviewed the patient's concerns and contacted the patient to inform them of the reasoning for the rescheduled appointment. The practice apologised for the inconvenience.

## Well-led

## Rating: Requires Improvement

At this inspection, the practice was rated as requires improvement for providing well-led services because:

- The provider did not have complete oversight of the training that staff had undertaken.
- We found the provider had not implemented a vision, set of values or strategy.
- Staff reported that due to a large number of changes within the practice during a short period of time, roles and responsibilities within the practice were not always clear.
- The provider had implemented a process of appraisal and supervision for non-clinical staff, however, we found that the provider had not yet implemented a process of appraisal and supervision for clinical staff including locum and salaried staff.

### 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 <sup>1</sup>
They had identified the actions necessary to address these challenges.	Y <sup>1</sup>
Staff reported that leaders were visible and approachable.	Y <sup>2</sup>
There was a leadership development programme, including a succession plan.	N <sup>3</sup>
Explanation of any answers and additional evidence: 1 – The provider had inherited a number of concerns identified following our previous inspection. We found during this inspection that the provider had implemented an action plan to address the concerns identified, prioritising the patient safety concerns. We found the provider had completed significant work to address some of the concerns we identified and was continuing to address the areas which remained outstanding. 2 – Members of staff we spoke with reported that the new provider was visible and approachable. They felt able to raise concerns and were supported by the leadership team. 3 – We found the provider had not yet implemented a leadership development programme, including a succession plan, due to the prioritised work undertaken to improve patient safety. The provider told us they would look to implement a succession plan following the inspection.	

## Vision and strategy

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	N <sup>1</sup>
There was a realistic strategy to achieve their priorities.	N <sup>1</sup>
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	N <sup>1</sup>
Staff knew and understood the vision, values and strategy and their role in achieving them.	N <sup>1</sup>
Progress against delivery of the strategy was monitored.	N <sup>1</sup>
Explanation of any answers and additional evidence: 1 – We found the provider had not yet implemented a vision, set of values or strategy, due to the prioritised work undertaken to improve patient safety. The provider told us they would look to implement these areas following the inspection.	

## Culture

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

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

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

Source	Feedback
Staff consultations	Members of staff we spoke with told us they recognised significant work was required following the previous inspection visit and they were encouraged by the work undertaken by the new provider. Members of staff told us they felt well supported by the new leadership team.

## Governance arrangements

**There were some 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.	P <sup>1</sup>
Staff were clear about their roles and responsibilities.	P <sup>2</sup>
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: 1 – We found the provider had implemented a number of governance structures and systems to address the concerns raised from our previous inspection visit. However, we also found that additional work was required, such as; implementing a system to ensure two-week wait cancer referrals were proactively followed up. 2 – Members of staff told us they were not always clear on roles and responsibilities in the practice due to significant restructuring and change.	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	P <sup>1</sup>
There were processes to manage performance.	P <sup>1</sup>
There was a systematic programme of clinical and internal audit.	P <sup>2</sup>
There were effective arrangements for identifying, managing and mitigating risks.	P <sup>3</sup>
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: 1 – At the previous inspection under the previous provider, we found there was a limited appraisal and supervision system. The new provider had acted to implement a new system and we saw that non-clinical staff had receive supervision and appraisals. However, the provider had not yet developed a formal supervision system for non-medical prescribers, salaried and locum clinical staff. 2 – We found the provider had started a programme of clinical and internal audit; however, the provider had only taken over responsibility six months prior to the inspection and therefore was only able to evidence a limited audit programme. 3 – We found the provider had implemented a number of systems to identify, manage and mitigate risks since our previous inspection visit. However, we also found that additional work was required, such as; introducing formal sepsis guidance to staff and ensuring complete oversight of actions from infection, prevention and control audit.	

## 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
Staff used data to adjust and improve performance.	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

Feedback from Patient Participation Group.

Feedback
We spoke to the chair of the Patient Participation Group (PPG) who was positive about the changes made within the practice. The PPG chair told us they had recently recruited new members to the PPG and were meeting regularly with the practice team. The PPG told us they had a number of ideas which they wished to implement with the support of the practice.

## 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 <sup>1</sup>
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: 1 – We found the provider had implemented a number of new systems to encourage learning and improvement; such as significant events, complaints and a programme of clinical audit. In addition to this, we found that a number of improvements had been made since the previous inspection.	

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
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.