

# Care Quality Commission

## Inspection Evidence Table

### Kelsall Medical Centre (1-6248375139)

Inspection date: 7 January 2020

Date of data download: 30 December 2019

## Overall rating: Good

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

### Safe

Rating: Good

#### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	N/A
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>Staff had access to written policies and procedures for safeguarding vulnerable adults and children. The procedures reflected the different types of abuse patients could experience. Staff were clear on the process for reporting concerns and how to gain advice about safeguarding issues from the Clinical Commissioning Group (CCG) and the local authority.</li></ul>	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>We reviewed a sample of training records and certificates and found that staff had completed safeguarding training to a level appropriate to their role. One member of staff was due for a training update and a plan was in place to address this.</li> <li>There was a system in place to respond to requests from social services for information to inform their decision making about safeguarding children and vulnerable adults. There was a system to communicate with health and social care professionals regarding concerns about vulnerable patients. The health visitor attended clinical meetings on a bi-monthly basis.</li> </ul>	

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
<p>Explanation of any answers and additional evidence:</p> <p>We looked at a sample of two staff recruitment records and found evidence of suitable checks being undertaken. We saw a sample of records relating to staff vaccination checks and checks of the on-going registration of clinical staff.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 18/06/2019	Y
There was a record of equipment calibration. Date of last calibration: 17/10/2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 12/12/2020	Y
There was a log of fire drills. Date of last drill: 31/12/2019	Y
There was a record of fire alarm checks. Date of last check: 24/09/2019	Y
There was a record of fire training for staff. Date of last training: Various	Y
There were fire marshals.	Partial
A fire risk assessment had been completed. Date of completion: 12/12/2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	
<p>In-house checks of the fire alarm and emergency lighting were undertaken. The emergency lighting had not been tested monthly on a consistent basis. The practice manager told us they had identified this, allocated this responsibility to a specific staff member and would be monitoring completion.</p> <p>Staff had been identified as fire marshals and had specific responsibilities but had not received formal training. The practice manager had identified this and had a date for training.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 03/01/2020	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Various dates	Y
Explanation of any answers and additional evidence:	

The practice undertook additional building safety checks such as checks of the intruder alarm, gas and electrical safety. A check of the building was carried out monthly to identify any safety hazards.

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 18/12/2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Partial
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	
Information on how to identify sepsis and the action to take was available for clinical and non-clinical staff to refer to. The reception staff had not received formal training in this area. The provider told us that this	

would be addressed at the next full practice meeting.

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

## Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. However, improvements should be made.

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) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.99	0.94	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). (01/10/2018 to 30/09/2019) (NHSBSA)	12.1%	9.2%	8.5%	Tending towards variation (negative)
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 (01/04/2019 to 30/09/2019) (NHSBSA)	5.88	5.78	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	1.82	2.27	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	N
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.	Partial
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The prescribing data for some antibacterial medications (above) was showing as tending towards a negative variation. The provider told us that they received regular information from the CCG about their prescribing. However, in-house audits of this prescribing were not taking place which would help to identify inappropriate prescribing. Following the inspection, the provider sent us an audit of antibiotic prescribing of individual clinicians. However, this was not comprehensive.</p> <p>The provider also told us that they had improved their antibiotic treatment for urinary tract infections in the over 70 years age group. The provider had a system that alerted clinicians to justify their decision before prescribing certain antibiotics.</p> <p>The practice reviewed the prescribing and referrals of non-medical prescribers and recorded their findings. Consultations were also reviewed however the findings were not documented. The provider told us that they would address this. Following the inspection, the provider sent us two documented reviews of the non-medical prescribers prescribing for antibiotics that included an analysis of their consultations and a plan for future reviews.</p> <p>We found limited evidence of audits of prescribing of controlled drugs to ensure prescribing was monitored.</p> <p>The emergency medications held did not fully reflect recognised guidance and a risk assessment was</p>	



**Medicines management****Y/N/Partial**

not in place to demonstrate why the guidance was not followed for two types of medication. The provider explained their reasoning for this and following the inspection, a risk assessment was provided. However, further information was needed to indicate the reasoning behind naloxone not being held at the practice. The location of prednisolone was not clearly signposted and the provider told us this had been addressed following the inspection.

We found a vaccine fridge with an exposed plug could potentially be turned off by accident. Following the inspection, the provider provided evidence that the plug had been covered with a socket protector to reduce the risk of it being unplugged.

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Y
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	P
<p>Explanation of any answers and other comments on dispensary services:</p> <p>The dispensary was well organised. Standard Operating Procedures were reviewed every 12 months and staff signed them to say they had read and understood the contents. Staff who worked unsupervised were appropriately qualified. Staff were aware of who to contact if they had any concerns about the management of controlled drugs.</p> <p>The building had limited space to speak confidentially to patients. The practice manager and staff told us that they would endeavour to identify a confidential area if this need arose. There was a plan in place for the practice to move to new premises where this issue would be addressed.</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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	3
Number of events that required action:	3
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Staff we spoke with knew how to report an incident. They were confident it would be dealt with appropriately and the outcome communicated.</li> <li>• The practice had recorded three significant events which is a low number given the number of patients receiving a service. Following the inspection, the provider reviewed the significant event reporting procedure to include examples of what would constitute a significant event.</li> </ul>	

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

Event	Specific action taken
Patient given incorrect medication.	Incident reported to external organisation. The process for identifying patients collecting medication was reiterated to staff.
An email was sent which did not follow NHS email protocols.	Incident reported to external organisation. Staff retrained on sending encrypted emails to non-NHS email addresses and completed information governance training.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: We saw examples of actions taken on recent alerts for example, regarding sodium valproate.	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

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

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) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.95	0.69	0.74	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice provided a service to patients at a local nursing home and made weekly visits. The practice was working with a pharmacist from the CCG to review the medications of these patients.</li> <li>The practice worked closely with the integrated care team and district nurses through regular meetings. The practice reviewed older patients who were admitted to hospital on an unplanned basis at these meetings.</li> <li>The practice had a system to identify frail patients who were reviewed at multi-disciplinary</li> </ul>

meetings. The practice was in the process of introducing a new frailty tool which would help to better identify risks to patients and monitor their needs.

- Visits were made to older patients who were too frail or unwell to visit the practice.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

Population group rating: **Good**

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- The practice nurse contacted all vulnerable patients with COPD prior to the winter season to ensure that they had rescue packs, knew how to use them and where to access further help.
- Spirometry testing was provided in-house to assist with diagnosis and monitoring of patients with respiratory conditions.
- Working with the Primary Care Network (PCN) the practice planned to employ a pharmacist to work within the practice to assist with medication management and reviews.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.5%	82.0%	79.3%	No statistical variation
Exception rate (number of exceptions).	3.1% (8)	12.3%	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>	79.1%	80.7%	78.1%	No statistical variation
Exception rate (number of exceptions).	2.3% (6)	9.3%	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>	72.9%	81.5%	81.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	3.1% (8)	13.0%	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>	73.9%	74.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.6% (5)	9.5%	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>	92.6%	88.7%	89.6%	No statistical variation
Exception rate (number of exceptions).	5.8% (5)	13.8%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	79.2%	83.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	0.7% (5)	3.4%	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)	92.1%	90.7%	91.1%	No statistical variation
Exception rate (number of exceptions).	9.5% (12)	5.7%	5.9%	N/A

### Any additional evidence or comments

The number of patients with diabetes whose cholesterol reading was 5 mmol/l or less within the preceding 12 months was tending towards a negative variation. The practice was attempting to address this through patient education and had developed a leaflet to provide for patients.

The provider told us that in the last 12 months clinical staffing issues had resulted in a less consistent approach to QOF monitoring. A partner had been absent from the practice and a number of locums were employed which had impacted on the quality of this monitoring. The provider told us they had now implemented a One template which had altered the QOF achievement significantly as it prompted clinicians to collect all information at one time which was better as patients did not need to attend multiple appointments.

## Families, children and young people

## Population group rating: Good

### Findings

- The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all of the four childhood immunisation uptake indicators.
- There was a system in place to monitor and encourage attendance for baby immunisations. Two practice nurses carried out the immunisation clinic together to ensure they were administered safely.
- 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.
- Six-week baby checks and post-natal checks were undertaken, and these patients were provided with advice and post-natal support
- Patients were signposted or referred to services for sexual health and contraception.



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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)	40	41	97.6%	Met 95% WHO based target
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)	40	42	95.2%	Met 95% WHO based target
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)	40	42	95.2%	Met 95% WHO based target
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)	40	42	95.2%	Met 95% WHO based target

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

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

Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.</li> <li>Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.</li> </ul>

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified	83.9%	N/A	80% Target	Met 80% target

period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (31/03/2019 to 30/06/2019) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	81.5%	78.7%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	71.0%	61.1%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	38.3%	71.1%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	62.5%	54.7%	53.8%	No statistical variation

### Any additional evidence or comments

The practice had systems in place to monitor the number of women attending for cervical screening. The practice also had systems in place to encourage patients to attend and had met the 80% coverage target.

The practice was above local and national averages for breast and bowel screening.

The percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within 6 months of the date of diagnosis was below local and national averages. The provider told us that cancer care review data was affected by the high use of locums during the period this data was collected. Locums were not entering data correctly and there was a time limited period for the submission of this data. The current protocol was that the office manager identified patients requiring a review each month to ensure they were contacted, and the current unverified achievement data was 85%.

### People whose circumstances make them vulnerable

Population group rating: **Good**

### Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed patients at a local residential home. A designated GP visited the service to

provide continuity of care.

- We noted that a protocol was not in place for patients on the trans care pathway.

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

**Population group rating: Good**

**Findings**

- The practice worked closely with psychiatry services to ensure patients were appropriately supported.
- 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.
- Three receptionists had attended Mental Health First Aid training to enable them to appropriately support patients. The receptionists had shared their learning with the staff team.
- A register of patients with severe poor mental health was maintained and reviewed in clinical meetings to ensure these patients were not overlooked.
- 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. One of the GPs had produced a leaflet detailing resources for patients who may be waiting for support with their mental health or who may be amenable to self-help.
- We noted that the practice did not have a pro-active approach to monitoring the physical health of patients with poor mental health, for example, by inviting them in for health checks.

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)	89.7%	89.5%	89.4%	No statistical variation
Exception rate (number of exceptions).	2.5% (1)	14.1%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	87.5%	91.2%	90.2%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	11.3%	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)	91.1%	84.9%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	8.2%	6.7%	N/A

### Monitoring care and treatment

The practice carried out quality improvement activity to review the effectiveness and appropriateness of the care provided. A planned approach to this activity was not in place.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	542.2	549.2	539.2
Overall QOF score (as a percentage of maximum)	97.0%	98.3%	96.7%
Overall QOF exception reporting (all domains)	3.3%	5.1%	5.9%

	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
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

past two years

Audits in the last 2 years included an audit of medication used for recurrent urinary tract infections to ensure appropriate monitoring of patients' health. This was carried out as a result of new guidelines. The audit concluded that there was variable recording of counselling provided and checks undertaken. A follow-up audit found there was a more robust initiation and review system in place. Further improvements were needed to completely adhere to the new guidance and a follow-up audit was planned.

An audit was carried out of patients with a raised platelet count to ensure appropriate treatment was provided. This concluded that guidelines were being used appropriately.

The nurse carried out an annual audit to ensure patients with no spleen had up to date vaccinations and were receiving appropriate medications.

We found that a programme of quality improvement was not in place which would ensure a more planned approach driven by external influences and practice learning needs. For example, antibiotic and controlled drug prescribing audits. Or audits around long-term conditions and presenting conditions such as sepsis to show they are following appropriate guidelines and standards. Following the inspection an audit plan was made available which covered some of these areas.

#### **Any additional evidence or comments**

The practice reviewed admissions and unplanned admissions to hospital in multi-disciplinary meetings. The process for this was not formalised. We looked at a patient recently admitted to hospital on an unplanned basis and found that they had been reviewed by a GP. Following the inspection a protocol for reviewing these patients was developed which the practice manager told would be shared with all staff.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The induction for all staff included role specific training. The role specific training was recorded for administrative staff, however, this was not recorded for clinical staff and was being introduced by the practice manager.</p> <p>There was a system in place to monitor staff training. We identified one member of staff needed to update their infection control training and another needed to update their safeguarding children training. This was addressed following the inspection.</p> <p>There was a system to monitor referrals, prescribing and consultations of staff employed in advanced clinical practice. This audit was carried out approximately every three months and recorded but did not include consultations. Staff and the provider confirmed that consultations were monitored weekly. Following the inspection, we were provided with a record of checks of consultations and we were informed that these checks would be recorded going forward.</p> <p>Dispensary staff were appropriately qualified. They had an annual competency assessment. They kept up to date through attending relevant education events, on-line training and reading.</p>	

The practice trained medical students from Manchester University Hospital. The practice received the gold award for excellence in teaching in 2019 as a result of feedback from medical students.

## 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) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence: The provider told us how patients received consistent, coordinated, person-centred care when they moved between services.	

## Helping patients to live healthier lives

### Staff supported 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
Explanation of any answers and additional evidence:	

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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>	96.3%	95.0%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.3% (3)	0.8%	0.8%	N/A

### 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.	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.	N/A
Explanation of any answers and additional evidence: A discussion with the provider and clinical staff indicated that clinical staff obtained consent to care and treatment in line with legislation and guidance. Staff had received training and guidance in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).	



## Caring

Rating: Good

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. The provider told us that there were systems in place to ensure that patients were provided with timely information to cope emotionally with their care, treatment or condition.	

CQC comments cards	
Total comments cards received.	4
Number of CQC comments received which were positive about the service.	4
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	The four comment cards were positive about the service received.
Healthwatch	Two comments were received in 2019. Both indicated that the service provided was very good although they said that it could sometimes be difficult to get an appointment.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5185.0	244.0	126.0	51.6%	2.43%

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)	97.6%	91.5%	88.9%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	96.0%	89.4%	87.4%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	97.6%	96.8%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	89.3%	85.7%	82.9%	No statistical variation

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

Any additional evidence
<p>The Patient Participation Group (PPG) carried out a survey to find out patients' views about the proposed Well-being Hub that would be situated in the new practice building. This received a very high, positive response. The Well-being Hub was being funded by patients following a fund-raising campaign by the PPG and was due to be opened mid-2021.</p> <p>A survey of patient and staff views of the appointment system was also undertaken in the last 12 months. As a result of feedback, the appointment system was reviewed, and changes made.</p>

## Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The provider told us that when patients registered with the service they identified any additional support they may need in understanding their care and treatment and that this was indicated in the patient record. A poster was on display asking if patients required information in alternative formats. This information was also in the patient newsletter that was issued quarterly.</p>	

## 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)	97.0%	95.4%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	On-request
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The provider told us they could make information leaflets available in other languages, in large font and audio format on request.</p>	

Carers	Narrative
Percentage and number of carers identified.	131 (2.5%)

How the practice supported carers (including young carers).	A carers register was held. Carers were identified and provided with relevant information about GP and local services. Information for carers was publicised. All carers had an alert on their records to ensure they were invited for an influenza vaccination and received other relevant services, such as priority appointments where possible. A carers champion made referrals to carers organisations for patients. They attended meetings with carers organisations and ensured any relevant information was available for carers.
How the practice supported recently bereaved patients.	Where the practice had a close involvement with recently bereaved patients they would telephone them and ask them if they would like an appointment. The practice referred bereaved relatives to counselling services and/or signposted them to support organisations where appropriate.

## 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.	P
There were arrangements to ensure confidentiality at the reception desk.	P
Explanation of any answers and additional evidence: There was limited privacy at the reception desk due to the small size of the reception and waiting area. To promote privacy a radio was kept on, receptionists kept their voices low and computer monitors were positioned so that patients could not view them. The building had limited space to speak confidentially to patients. The practice manager and staff told us that they would endeavour to identify a confidential area if this need arose. There was a plan in place for the practice to move to new premises where this issue would be addressed.	

If the practice offered online services:

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

The practice used eConsult to enable patients to consult with a GP online by completing a quick form that was sent and reviewed by the practice.

## Responsive

Rating: Good

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Partial
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
Explanation of any answers and additional evidence:	
<p>The practice offered a range of appointments including on the day, pre-bookable, telephone consultations, email consultations (eConsult) and home visits.</p> <p>The space for meeting the needs of the service were limited. The provider told us that funding had been agreed for building new premises for the practice. There was also a plan for a Well-being Hub to be part of this new building. This would include a café, social prescribing services and provide a meeting venue for community support services and local groups to meet. The Patient Participation Group had undertaken a large fund-raising campaign and raised a sufficient amount to fund the building of the Well-being Hub.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am – 6.30pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6.30pm
Appointments available:	
Monday	8.30am – 5.20pm
Tuesday	8.30am – 5.20pm
Wednesday	8.30am – 5.20pm
Thursday	8.30am – 5.20pm
Friday	8.30am – 5.20pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5185.0	244.0	126.0	51.6%	2.43%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	98.8%	96.0%	94.5%	Tending towards variation (positive)

### Older people

### Population group rating: Good

Findings
<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 could admit patients to Tarporley Cottage Hospital which avoided acute admission to hospital where appropriate. GPs visited all patients admitted on a weekly basis.</li> <li>There was a medicines delivery service for housebound patients and those who struggled to attend the surgery</li> <li>The practice referred older patients to appropriate support services. From January 2020 referrals could be made to a local service (Bright Life) led by Age UK Cheshire for socially isolated patients.</li> </ul>

### People with long-term conditions

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Patients with multiple conditions had their needs reviewed in one appointment where possible.</li> <li>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.</li> <li>The provider told us how care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.</li> </ul>

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

**Population group rating: Good**

### **Findings**

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- 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.
- The practice signposted families who needed help to health and social care support services

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

**Population group rating: Good**

### **Findings**

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Telephone consultations and eConsult (email consultation service) were offered which assisted patients finding it difficult to attend an appointment.
- Patients had access to an extended hours service that was able to provide appointments with GPs, nurses, phlebotomy, physiotherapy, dressings and psychology. Patients were able to access these appointments at several sites.



**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, poor mental health or patients who may experience difficulty making an appointment. These patients were reviewed at clinical meetings.
- 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. For example, longer appointments were offered. Appointments were made at quieter times if the patient did not wish to attend the practice when it was busy.
- A register of carers was kept and helped to ensure they had access to appropriate services. For example, carers were invited for an annual health check and flu vaccination.
- Reception staff had received training in signposting and were able to direct patients to a variety of services and provide information about them.

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

**Population group rating: Good**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed understood how to support patients with mental health needs and those patients living with dementia.
- Three receptionists had attended Mental Health First Aid training to enable them to appropriately support patients. The receptionists had shared their learning with the staff team.
- A register of patients with severe poor mental health was maintained and reviewed in clinical meetings to ensure these patients were not overlooked.
- The practice was aware of support groups within the area and signposted patients to these accordingly.
- The Primary Care Network was working with a charitable health care provider to run a project to improve the mental health of teenagers at local secondary schools.

## Timely access to the service

### People were able to access care and treatment in a timely way.

National GP Survey results

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

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)	92.0%	N/A	68.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	74.0%	70.0%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	64.2%	67.0%	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)	76.4%	77.5%	73.6%	No statistical variation

#### Any additional evidence or comments

The provider monitored access to appointments to ensure they were meeting the needs of patients. A survey of patient and staff views of the appointment system was also undertaken in the last 12 months. As a result of feedback, the appointment system was reviewed, and changes made.

Source	Feedback
Comment cards	The four comment cards were positive about the service received.
Healthwatch	Two comments were received in 2019. Both indicated that the service provided was

	very good although they said that it could sometimes be difficult to get an appointment.
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## Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	6
Number of complaints we examined.	1
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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:  Information about making a complaint was available to patients but did not include advocacy services. This was addressed following the inspection.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Frequency of medication being issued	The policy was reviewed, and changes made to the frequency of issue of a specific type of medication.

## Well-led

Rating: Good

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

### Vision and strategy

**The practice had a vision and strategy to provide high quality sustainable care.**

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:  The provider had a business plan in place that had been shared with the staff team. This included plans to move to new premises, training and staff development. A monthly business meeting was held to monitor the business plan and discuss the operation of the service and any improvements required.	

## Culture

### The practice had a culture which encouraged 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
The safety and well-being of staff was promoted.	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.	Partial
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
The practice was in the process of identifying a Freedom to Speak Up Guardian.	
Staff spoken with were aware of the requirements of the duty of candour and told us how they encouraged this.	
The practice used an external agency for advice and guidance regarding human resource issues, such as behaviour inconsistent with the values of the organisation.	

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

Source	Feedback
Staff feedback	<ul style="list-style-type: none"> <li>Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.</li> <li>Staff told us they felt well supported.</li> </ul>

## Governance arrangements

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

	Y/N/Partial

There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
The staff we spoke with were clear about their own roles and responsibilities and those of others. The practice held clinical meetings and practice meetings. There were also systems to communicate informally about important issues. Staff told us there was good communication.	

## Managing risks, issues and performance

### There were processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
We found that a programme of quality improvement was not in place which would ensure a more planned approach driven by external influences and practice learning needs. For example, antibiotic and controlled drug prescribing audits. Or audits around long-term condition and presenting conditions such as sepsis to show they were following appropriate guidelines and standards. Following the inspection an audit plan was made available which covered some of these areas.	

## 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
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

If the practice offered online services:

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

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
<p>A quarterly newsletter was available for patients. This provided useful information such as staff changes, services offered and practice issues.</p> <p>A survey of patient and staff views of the appointment system was undertaken. As a result of feedback, the appointment system was reviewed, and changes made.</p>	

### Feedback from Patient Participation Group.

Feedback
The practice had a Patient Participation Group (PPG). We met with the chair person. They told us that the plan to have a Well-being Hub attached to the new practice building had re-energised the PPG and its numbers had increased. The plan for the Well-being Hub had received a great deal of community support. The project had about 400 financial supporters, 150 of whom wished to have active involvement in the running of the Hub. The chairperson told us that the PPG were kept informed about changes at the practice, asked their opinion and felt listened to.

### Any additional evidence

The practice sought patient feedback by utilising the NHS Friends and Family test (FFT). The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from October to December 2019 showed there



had been 98 responses and 92 (94%) were either extremely likely or likely to recommend the practice. The provider looked at the Family and Friends responses monthly and discussed the results with the PPG. Any responses linked directly to a member of staff were used to inform the appraisal process. As a result of patient feedback, the practice had made changes. For example, a card machine was introduced for payments for prescriptions. Written information had been removed from the reception windows as patients considered this resulted in them not being easily seen by receptionists and led to a delay in being attended to.

### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

### Examples of continuous learning and improvement

- The practice reviewed the needs of its patient population and adjusted services accordingly. For example, they had reviewed access to appointments and made changes as a result.
- The practice was working with the Primary Care Network (PCN) to look at service developments in the local area. One of the partner GPs was the lead GP for the PCN. The PCN had employed a well-being practitioner and social prescribing link worker to work across the practices. They were also looking to jointly employ a pharmacist from April 2020.
- The practice had a plan in place to move to new premises and was working with the PPG around the development of a Well-being Hub.
- Staff had been trained in signposting patients and had taken part in the Releasing Time for Care pilot. As a result, a new work flow system had been introduced at the practice to better manage staff time and resources.
- An electronic controlled drugs register had been introduced to make the issuing of this medication safer.
- The practice was piloting a new computer system to improve information sharing with the out of hours service.
- There were further plans for the practice to introduce computer systems to improve service delivery. For example, they were waiting for training on a new work force management tool and a new frailty tool which would help to better identify risks to patients.

## 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.