

# Care Quality Commission

## Inspection Evidence Table

### Westwood Clinic (1-537739816)

Inspection date: 21 January 2020

Date of data download: 06 January 2020

## Overall rating: Requires Improvement

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

## Safe Rating: Requires Improvement

**At the previous inspection, the practice was rated as inadequate for providing safe services because:**

- We found the practice's system for managing patient and drug safety alerts was ineffective.
- The practice's system for ensuring patients had a structured and comprehensive medicine review was not effective.
- The practice did not have a system for ensuring prescribing by non-medical prescribers was appropriate or safe.
- We found a non-prescribing member of staff had made changes to patients' prescribed medicines. However, there was no documented evidence of discussions with or approvals from a GP.
- We reviewed consultation records and found the documentation was brief and lacking detail.
- The practice's safeguarding processes and systems were ineffective.
- We found the practice did not have oversight of the progress of actions arising from a fire risk assessment.
- The process for recording, investigating and learning from significant events was not effective. This was raised as a concern at our December 2018 inspection visit.

**At this inspection we reviewed actions the practice had taken to mitigate the risks identified above. The evidence table below details our findings; including where improvements had been made, in addition to areas where further improvement was required.**

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

- We found that the fire risk assessment completed by the practice was not sufficiently detailed to be assured all relevant risks had been identified and remedial action taken. We found that key information such as the safe storage of flammable gases and combustible materials were not included in the assessment.
- The practice had not completed and documented a health and safety risk assessment. We also found that required actions relating to a premises and security risk assessment had not been completed.

**Safety systems and processes**

**The practice had systems, practices and processes to keep people safe and safeguarded from abuse. However, we found these were not always effective.**

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.	Partial <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
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 <sup>3</sup>
Explanation of any answers and additional evidence:	
1 – At our previous rated inspection published August 2019 we found there was an inconsistent approach to safeguarding from members of staff within the practice. At this inspection, we found the practice had reviewed all patients subject to safeguarding concerns to ensure they were appropriately coded and reviewed. The practice had implemented new systems for staff to report and respond to safeguarding concerns.	
2 – At our previous rated inspection published August 2019 we reviewed training records and found members of staff had completed an excess of training on one day. The volume of training undertaken in one sitting raised concerns relating to the assurance of the quality of the learning undertaken. One member of staff had completed 20 modules of training in one day and according to the certificates, this amounted to over 24 hours of training. At this inspection we found this had continued. For example,	

Safeguarding	Y/N/Partial
<p>since the previous rated inspection published August 2019, one member of staff had completed 24 modules of training on one day during a weekend. This training included safeguarding.</p> <p>3 – At our previous rated inspection published August 2019 we found that the only attendees at multidisciplinary meetings were practice staff and no other healthcare professionals attended. At this inspection we found other healthcare professionals were engaged with the multidisciplinary meeting process and the practice had implemented new systems of communicating with external colleagues.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y <sup>1</sup>
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>1 – At our previous rated inspection published August 2019, we found the practice had not completed recruitment checks for all staff prior to commencing employment. At this inspection, we found the practice had made changes to their recruitment processes and newly employed members of staff had the required checks completed.</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: 3 July 2019	Y
There was a record of equipment calibration. Date of last calibration: 21 August 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Partial <sup>1</sup>
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: The practice had a documented record of weekly checks	Y
There was a log of fire drills. Date of last drill: 3 July 2019	Y
There was a record of fire alarm checks. Date of last check: The practice had a documented record of weekly checks	Y
There was a record of fire training for staff. Date of last training: Ongoing training as per individual staff requirements	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 29 July 2019	Partial <sup>1</sup>
Actions from fire risk assessment were identified and completed.	N <sup>1</sup>
<p>Explanation of any answers and additional evidence:</p> <p>1 – We found the fire risk assessment completed by the practice manager was not sufficiently detailed for the provider to be assured that all relevant risks had been identified and acted upon. In addition to this, the practice did not demonstrate how the assessor was deemed to be competent to undertake the task. The risk assessment completed was a checklist, with no areas where remedial actions were required, and had marked 'not applicable' to risks in relation to flammable gases and combustible materials; despite the practice having oxygen on site and large numbers of paper medical records. We raised this on the day of the inspection and the practice manager amended the checklist.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 12 June 2019	Partial <sup>1</sup>
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: See <sup>2</sup> below	N <sup>2</sup>
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice had completed a premises and security risk assessment; however, the accompanying action plan did not evidence the practice had complete oversight of the actions requiring completion and the progress of those actions. For example, in October 2019 the action plan detailed that visitor passes would be implemented to all visitors attending the practice. On our inspection in January 2020, this had not been implemented and the practice staff were unclear if it was in the progress of being implemented.</p> <p>2 – The practice had not completed a health and safety risk assessment, reviewing the potential health and safety risks posed in the practice to staff and patients. The practice told us they would complete a risk assessment following the inspection.</p>	

### Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Partial <sup>1</sup>
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 17 January 2020	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – At our previous rated inspection published August 2019 we raised concerns in relation to the practice's approach to training to ensure staff were kept safe. We found at this inspection the practice had not improved this. On this inspection we found a member of staff who had completed their infection and prevention training on a day when they completed 24 modules of training within a 24-hour period.</p>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

## Information to deliver safe care and treatment

### Staff did not always have 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 <sup>1</sup>
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.	Partial <sup>2</sup>
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.	Partial <sup>2</sup>
<p>Explanation of any answers and additional evidence:</p> <p>1 – At our previous rated inspection published August 2019 we reviewed a sample of consultation records and found the documentation was brief and lacked detail. At this inspection we found the lead GP had implemented a number of competence checks and audits for clinical staff to ensure documentation was clear and accurate. Consultation records we reviewed at this inspection evidenced improvement to the clinical record keeping.</p> <p>2 – At this inspection, we reviewed a further sample of patient records and found that no documented care plans had been recorded on any of the records we reviewed. The lead GP told us they completed care plans verbally and input data directly into each consultation record but did not document formal care plans. Therefore, patients experiencing poor mental health, frail patients and patients at the end of their life did not have documented care plans which were accessible by the patients and other services, such as out of hours services or care homes.</p> <p>Following the inspection, the practice provided some evidence that nurses documented care plans within the patient records. Therefore, there was an inconsistent approach within the practice. Following the inspection, the practice told us how they felt information was shared with staff and other organisations. These methods included; Special notes added to records of vulnerable patients which could be seen by external agencies, documented consultation records are available for patients and care homes if they wish to review them.</p>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	1.11	0.92	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)	7.0%	10.3%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	5.87	5.76	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)	1.55	2.12	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 <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 <sup>3</sup>



Medicines management	Y/N/Partial
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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	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
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>1 – At the previous rated inspection published August 2019 the practice told us they did not complete any audits or monitoring of the prescribing of non-medical prescribers. At this inspection we found the practice had implemented formal methods of clinical supervision and peer review of non-medical prescribers.</p> <p>2 – At our previous rated inspection published August 2019 we found the coding of medical records did not ensure there was a process of completing structured medicine reviews. We found 2,068 patients had not received a review of their medicines in the previous 12 months. At this inspection we found the practice had worked to reduce this backlog of reviews with additional clinics. At the time of inspection, 219 patients were overdue a medicine review. However, we found not all of the 219 patients were correctly coded and some appeared on the search despite not having a medicine on repeat prescription.</p> <p>3 – At our previous rated inspection published August 2019 we reviewed consultation records and found a lack of evidence of a clinical discussion with a GP to authorise the changes made to patients' prescriptions. At this inspection we found the provider had implemented new processes to ensure changes to prescriptions were only made by appropriately trained clinicians.</p> <p>4 – We found that documented checks were in place to monitor the practice's emergency equipment. However, on the day of the inspection we found this was not wholly effective as we found the pulse oximeter available for use was not functional; we raised this with the provider who immediate took immediate action to address this issue.</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 since July 2019:	Six
Number of events that required action:	Six

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A patient deteriorated whilst at the practice and required an emergency admission	The event was reviewed during a clinical meeting where the practice management team reviewed staff actions and provided feedback to the staff team.
A patient's information was accidentally provided to another patient as two documents were attached	The event was discussed during all staff meetings and a new system was implemented and communicated to staff for copying patient records.

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>
Explanation of any answers and additional evidence: 1 – At our previous rated inspection published August 2019 we found the practice had an inconsistent approach to acting upon patient and medicine safety alerts. At this inspection we found the practice had implemented a new system for managing patient and medicine safety alerts and the practice had reviewed and taken action for all three of the alerts which we reviewed.	

## Effective

## Rating: Requires Improvement

**At the previous inspection, the practice was rated as inadequate for providing effective services because:**

- We found patients were not receiving full assessments of their clinical needs and patient care was not regularly reviewed and updated.
- The practice's Quality Outcomes Framework (QOF) performance evidenced a higher than average exception reporting rate. We raised this as a concern during the previous inspection visit in December 2018.
- The practice's uptake of cervical, breast and bowel cancer screening was lower than the CCG and England averages. We raised this as a concern during the previous inspection visit in December 2018.
- The practice's recall system was not effective.
- The practice did not have a system in place for monitoring the competence of clinical staff employed.

**At this inspection we reviewed actions the practice had taken to mitigate the risks identified above. The evidence table below details our findings; including where improvements had been made, in addition to areas where further improvement was required.**

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

- At our previous rated inspection published August 2019 we reviewed training records and found members of staff had completed all of their training on one day. At this inspection we found this had continued and one member of staff had completed 24 modules of training on one day during a weekend which did not evidence effective learning.
- The practice's uptake of cervical, breast and bowel cancer screening was lower than the CCG and England averages.
- The practice's Quality Outcomes Framework (QOF) performance evidenced a higher than average exception reporting rate. The practice had made changes to their exception reporting rate process, however, there was no evidence available on the day of the inspection to show the new processes had made improvements.
- We reviewed patient records and found there was an inconsistent approach to documenting patient care plans. Patients experiencing poor mental health, frail patients and patients at the end of their life did not have documented care plans accessible to patients and other services, such as out of hours services or care homes.

## 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 <sup>1</sup>
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y <sup>1</sup>
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y <sup>1</sup>
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.	N/A
<p>Explanation of any answers and additional evidence:</p> <p>1 – At our previous rated inspection published August 2019 we found the practice did not have systems in place to ensure clinicians were up-to-date with current evidence-based practice and not some consultation records were brief and lacking detail. At this inspection we found the practice had implemented a system of clinical review, alongside regular clinical meetings to discuss good practice.</p>	

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>	1.05	0.80	0.74	No statistical variation

## Older people

## Population group rating: Requires Improvement

### Findings

The issues identified in effective affected this population group, however, there were some areas of good practice:

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their prescriptions were updated to reflect any extra or changed needs.
- All patients aged 75 and over were listed on a register in order for the practice to monitor them more efficiently and closely on an ongoing basis.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- All older patients had a named GP.
- Older patients whom were deemed high risk or were on end of life care were discussed during a monthly practice meeting.

## People with long-term conditions

## Population group rating: Requires Improvement

### Findings

The issues identified in effective affected this population group, however, there were some areas of good practice:

- The practice had shared care agreements and consent procedures in place to enable the sharing of data and information with relevant organisations for co-ordination of care.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

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>	89.0%	79.3%	79.3%	Tending towards variation (positive)
Exception rate (number of exceptions).	29.0% (97)	14.5%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	84.9%	72.3%	78.1%	No statistical variation
Exception rate (number of exceptions).	18.6% (62)	11.5%	9.4%	N/A
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.5%	80.7%	81.3%	No statistical variation
Exception rate (number of exceptions).	21.6% (72)	13.2%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	74.1%	75.0%	75.9%	No statistical variation
Exception rate (number of exceptions).	8.2% (19)	8.4%	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>	92.8%	88.3%	89.6%	No statistical variation
Exception rate (number of exceptions).	21.0% (22)	12.9%	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)	88.7%	82.4%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	3.5% (22)	4.7%	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)	80.0%	92.0%	91.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	4.3% (2)	6.6%	5.9%	N/A

#### Any additional evidence or comments

- The practice had a higher exception reporting rate for diabetes indicators. The practice had made changes to their exception reporting rate process, however, as the practice intended to except all appropriate patients at the end of the QOF year (March 2020), there was no evidence available on the day of the inspection to show the new processes had made improvements.
- In those patients with atrial fibrillation, the percentage of patients who are currently treated with anti-coagulation drug therapy was lower than both the CCG and England averages. The practice was aware and planning to improve this performance, although, we noted the practice had a lower than average exception reporting rate for this indicator.

### Families, children and young people

### Population group rating: Requires Improvement

#### Findings

The issues identified in effective affected this population group, however, there were some areas of good practice:

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets with a range of 97% to 98%.
- 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.
- 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.
- Young people could access services for sexual health and contraception. Long acting contraceptive devices were fitted at the practice.
- A weekly midwife clinic was held at the practice.

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)	54	55	98.2%	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)	65	67	97.0%	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)	65	67	97.0%	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)	65	67	97.0%	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: Requires Improvement**

### Findings

The issues identified in effective affected this population group, however, there were some areas of good practice:

- 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. In the previous 12 months, 277 patients were offered a health check and 208 (75%) of those were completed.
- Patients could book or cancel appointments online and order repeat prescriptions without the need to attend the surgery.



Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (31/03/2019 to 30/06/2019) (Public Health England)	66.3%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	62.9%	71.7%	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)	43.3%	58.0%	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)	62.5%	60.0%	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)	73.3%	58.9%	53.8%	No statistical variation

#### Any additional evidence or comments

- The number of patients screened for cervical cancer was lower than both the CCG and England averages. The practice was aware of this as we raised this as a concern on our previous rated inspection published August 2019 visit when we noted the percentage was 65.3%. The practice had started to make plans to improve the uptake; for example, procuring information leaflets in multiple languages in addition to dedicated clinics, call and recall systems and regular audits.
- The number of patients attending for breast and bowel cancer screening was lower than both the CCG and England averages. The practice was aware of this as we raised this as a concern on our previous rated inspection published August 2019 visit and were planning to improve this uptake. However, due to patient safety concerns raised at our previous inspection, this work had been delayed. Following the inspection the practice told us they had engaged & completed the CCG bowel cancer screening pilot and were completing regular monthly audits.

**People whose circumstances make them vulnerable**

**Population group rating: Requires Improvement**

**Findings**

The issues identified in effective affected this population group, however, there were some areas of good practice:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had 28 patients coded as diagnosed with a learning disability. Of those 28 patients, 23 (82%) patients had received a health check within the previous 12 months.
- 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 and support people who misused substances.
- Nurses conducted home visits to patients who required blood tests and chronic disease reviews if the patients were unable to leave their home.

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

**Population group rating: Requires Improvement**

**Findings**

The issues identified in effective affected this population group, however, there were some areas of good practice:

- 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.
- 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 attending A&E or who have had contact with out of hours services were followed up by the practice to see if any additional support was required.
- A local mental health team provided weekly specialist clinics at the practice.

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)	84.2%	87.9%	89.4%	No statistical variation
Exception rate (number of exceptions).	24.0% (6)	14.5%	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)	100.0%	86.7%	90.2%	Variation (positive)
Exception rate (number of exceptions).	16.0% (4)	12.2%	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)	88.9%	83.1%	83.6%	No statistical variation
Exception rate (number of exceptions).	14.3% (3)	7.9%	6.7%	N/A

#### Any additional evidence or comments

- The practice had a higher than average exception reporting rate for mental health indicators. The practice was aware of this and believed the higher exception rate was due to a lower prevalence of mental health conditions in the practice population, meaning that each exception reported will lead to a higher average.

#### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.3	541.9	539.2
Overall QOF score (as a percentage of maximum)	99.9%	96.9%	96.7%
Overall QOF exception reporting (all domains)	10.4%	6.7%	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Partial <sup>1</sup>
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Partial <sup>1</sup>
Quality improvement activity was targeted at the areas where there were concerns.	Partial <sup>1</sup>
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

1 – At our previous rated inspection published August 2019 we found the practice had a limited programme of quality improvement and audits completed did not always lead to actions being taken where necessary. At this inspection we found the practice had started to implement a number of audits, to highlight areas where improvement is required. These quality improvement activities were in their infancy at the time of inspection and will be reviewed in full at the next inspection.

In addition to this, the practice had completed a number of audits for areas of concern identified at our previous rated inspection published August 2019. At this inspection, we found the practice had completed a number of actions to make a number of improvements.

## Effective staffing

The practice was not always 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.	N <sup>1</sup>
The learning and development needs of staff were assessed.	Partial <sup>1</sup>
The practice had a programme of learning and development.	N <sup>1</sup>
Staff had protected time for learning and development.	N <sup>1</sup>
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 <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.	Y <sup>2</sup>
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y <sup>2</sup>
<p>Explanation of any answers and additional evidence:</p> <p>1 – At our previous rated inspection published August 2019 we reviewed training records and found members of staff had completed all of their training on one day. One member of staff had completed 20 modules of training in one day and according to the certificates, this amounted to over 24 hours of training. At this inspection we found this had continued. For example, since the previous inspection, one member of staff had completed 24 modules of training on one day during a weekend. Some staff we spoke with told us they were not given protected time to undertake their training and had to complete in their own unpaid time.</p> <p>The practice told us following the inspection staff were informed to complete training in their Practice Library room during their contracted hours as cover was provided. However, for staff that could not carry out their training within their contracted hours they were paid overtime to meet the time spent.</p> <p>2 – At the previous rated inspection published August 2019 we found not all staff had access to regular appraisals, one to ones or supervision. At this inspection we found the practice had implemented formal methods of clinical supervision and peer review of non-medical prescribers.</p>	

## Coordinating care and treatment

**Staff did not always work together 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.	Partial <sup>1</sup>
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Partial <sup>1</sup>
Patients received consistent, coordinated, person-centred care when they moved between services.	Partial <sup>1</sup>
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
<p>Explanation of any answers and additional evidence:</p> <p>1 – We reviewed a sample of patient records and found that no documented care plans had been recorded on any of the records we reviewed. The lead GP told us they completed care plans verbally and input data directly into each consultation record but did not document formal care plans. Therefore, patients experiencing poor mental health, frail patients and patients at the end of their life did not have documented care plans which were accessible by the patients and other services, such as out of hours services or care homes.</p> <p>Following the inspection, the practice provided some evidence that nurses documented care plans within the patient records. Therefore, there was an inconsistent approach within the practice. Following the inspection the practice told us how they felt information was shared with staff and other organisations. These methods included; Special notes added to records of vulnerable patients, documented consultation records are available for patients and care homes if they wish to review them.</p>	

## 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

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>	96.5%	95.0%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.7% (7)	1.0%	0.8%	N/A

### Consent to care and treatment

**The practice always obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	N <sup>1</sup>
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: 1 – The practice had not completed an audit to evidence consent had been gained appropriately; however, in records we reviewed we found consent had been obtained.	

# Caring

# Rating: Good

At the previous inspection, the practice was rated as requires improvement for providing caring services because:

- The practice was aware of lower than average GP Patient Survey data however the practice had not taken or planned action to address this.
- Patients we spoke with and some CQC comment cards received on the day of the inspection contained negative feedback in relation to the attitude of some clinicians at the practice. This was reflected by some complaints received by the practice. The practice had not taken or planned action to address this.
- The practice had identified 37 carers and supported them, only 0.7% of the practice population.

At this inspection we reviewed actions the practice had taken to mitigate the risks identified above. The evidence table below details our findings; including where improvements had been made.

At this inspection, the practice was rated as good for providing caring services.

## 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.	26
Number of comments cards received which were mixed about the service.	Zero
Number of CQC comments received which were negative about the service.	Zero



Source	Feedback
Patient consultations	Patients we spoke with on the day of the inspection were wholly positive about the caring nature displayed by staff. Patients told us they had seen a notable improvement at the practice in the previous 12 months.
CQC comment cards	All 26 of the CQC comment cards received on the day of the inspection were positive about the service, the improvements made, and the caring nature displayed by staff. A number of comment cards referred to particular members of staff who the patients believe provided a positive service.
NHS Choices	No reviews had been posted on NHS Choices since the previous rated inspection published August 2019. Four reviews had been posted on NHS Choices; one of which rated one star, the other three reviews rated five stars. Positive comments related to the positive and caring nature displayed by staff, negative comments related to specific issues around prescriptions.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5320.0	361.0	91.0	25.2%	1.71%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)	82.3%	89.9%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	77.1%	87.9%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	89.9%	95.7%	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)	83.3%	84.3%	82.9%	No statistical variation

### Any additional evidence or comments

- The practice's National GP Survey performance had improved since the previous rated inspection published August 2019:

Indicator	2018	2019
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	77.4%	82.3%
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	71.4%	77.1%
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice	76.1%	83.3%

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y <sup>1</sup>

### Any additional evidence

1 – Since our previous rated inspection published August 2019 the practice has undertaken a number of patient surveys, including a practice wide survey and feedback forms for individual clinicians. Feedback from the surveys was collated and an action plan implemented where appropriate. Whilst the results the provider's survey are not comparable the national GP patient survey due to differences in methodology, some examples from the practice survey are noted below:

Question	Poor	Fair	Good	Excellent
Rating of doctor treating you with care and concern	0.9%	5.7%	39%	54%
Confidence and trust in doctor	0.6%	5.5%	34%	60%
Rating of practice nurse asking about your symptoms	0.9%	4.8%	39%	55%
Helpfulness of receptionists	2.2%	9.0%	43%	46%

### 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
Patient consultations	Patients we spoke with on the day of the inspection were wholly positive about being involved in care and treatment decisions. Patients told us they had seen a notable improvement at the practice in the previous 12 months.
CQC comment cards	All 26 of the CQC comment cards received on the day of the inspection were positive about the service, the improvements made, and the caring nature displayed by staff. A number of comment cards made reference to feeling involved in care and treatment decisions.
NHS Choices	No reviews had been posted on NHS Choices since the previous rated inspection published August 2019. Four reviews had been posted on NHS Choices; one of which rated one star, the other three reviews rated five stars.

### 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)	86.3%	93.8%	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.	Y <sup>1</sup>
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: 1 – The practice had sourced a number of leaflets and posters in different languages, such as Lithuanian, to meet the needs of the practice population. We saw a notice board in the waiting area with leaflets relating to cervical cancer screening in various languages.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 100 carers and supported them, which was approximately 1.9% of the practice population.
How the practice supported carers (including young carers).	The practice provided carers with a pack of information in relation to local support services or groups. Carers were also offered routine health checks and flu vaccinations.
How the practice supported recently bereaved patients.	The practice told us they would send a bereavement card and letter to the patient containing useful information, signposting to relevant services and the offer of support or a consultation.

## 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: Good**

At the previous inspection, the practice was rated good for providing responsive services because. At this inspection, the practice was rated as good for providing responsive services.

### 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	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5320.0	361.0	91.0	25.2%	1.71%

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)	91.2%	93.9%	94.5%	No statistical variation

### 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 signposted patients to a medicine delivery service for housebound patients.</li> <li>The practice was trialling a regular clinic at a local care home to reduce the number of telephone calls received from staff.</li> <li>Older patients would be offered a priority or longer appointment where appropriate.</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.</li> <li>Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.</li> <li>Nurses conducted home visits to patients who required blood tests and chronic disease reviews if the patients were unable to leave their home.</li> </ul>

### Families, children and young people

**Population group rating: Good**

Findings
<ul style="list-style-type: none"> <li>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&amp;E) attendances. Records we looked at confirmed this.</li> <li>All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.</li> </ul>

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

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, online appointment booking and requests for repeat prescriptions.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.

## **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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability; for example, longer appointments were available to book.

## **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 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 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

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)	84.2%	N/A	68.3%	No statistical variation
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)	89.1%	72.6%	67.4%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	82.5%	66.9%	64.7%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	80.2%	78.3%	73.6%	No statistical variation

#### Any additional evidence or comments

- The practice was aware of, and proud of, positive National GP Patient Survey results for indicators relating to accessing care and treatment. The practice believed this was achieved through a whole practice approach and ensuring patients with the most urgent needs were prioritised.



Source	Feedback
Patient consultations	Patients we spoke with on the day of the inspection were wholly positive about accessing services at the practice.
CQC comment cards	All 26 of the CQC comment cards received on the day of the inspection were positive about the service, the improvements made and the caring nature displayed by staff.
NHS Choices	No reviews had been posted on NHS Choices since the previous rated inspection published August 2019. Four reviews had been posted on NHS Choices; one of which rated one star, the other three reviews rated five stars.

### 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.	Four
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.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example of learning from complaints.

Complaint	Specific action taken
A patient was unhappy regarding the consultation received.	The practice contacted the patient to apologise for their poor experience and provided feedback to the clinician involved.

## Well-led

## Rating: Requires Improvement

At the previous inspection, the practice was rated good for providing well-led services because:

- We found the practice had not made improvements to address all the concerns noted in our previous inspection report and we identified a number of new concerns.
- We found a lack of leadership capacity and capability to successfully manage challenge and identify, implement and sustain improvements.
- The practice could not evidence that risks, issues and performance were managed to ensure the safety and quality of services.

At this inspection we reviewed actions the practice had taken to mitigate the risks identified above. The evidence table below details our findings; including where improvements had been made, in addition to areas where further improvement was required.

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

- We found the practice had implemented a number of structures and systems since the previous inspection. We identified that these systems required further time to fully embed and evidence that improvements had been sustained.
- We found the practice had not made improvements to all of the areas of concerns noted in our previous inspection report; for example, in relation to training.

### Leadership capacity and capability

	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
Staff reported that leaders were visible and approachable.	Y <sup>2</sup>
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: 1 – At our previous rated inspection published August 2019 we found a lack of leadership capacity and capability to successfully manage challenges and implement and sustain improvements. At this inspection we found the practice had implemented a number of changes and improvements to patients care. 2 – At our previous rated inspection published August 2019, we found, and staff told us, that leaders were not always visible. At this inspection, we found practice leaders had more time allocated at the practice and staff told us they were confident in approaching them.	

## Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

## Culture

	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 during the inspection told us they felt improvements had been made since the previous rated inspection published August 2019 visit. Staff told us they felt well supported in their roles and were confident in carrying out the work they were asked to do.

## Governance arrangements

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial <sup>1</sup>
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – We found the practice had implemented a number of governance structures and systems since our previous rated inspection published August 2019. We found these structures and systems have led to improvements; however, further work is required. For example, the recall system for patient medicine reviews has led to improvements in the number of patients receiving a timely review. However, the practice's coding of patients prescribing repeat medicines requires review and improving.</p>	

## 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 <sup>1</sup>
There was a systematic programme of clinical and internal audit.	Partial <sup>2</sup>
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
<p>Explanation of any answers and additional evidence:</p> <p>1 – At the previous rated inspection published August 2019 we found not all staff had access to regular appraisals, one to ones or supervision. At this inspection we found the practice had implemented formal methods of clinical supervision and peer review of non-medical prescribers.</p> <p>2 – At our previous rated inspection published August 2019 we found the practice had a limited programme of quality improvement and audits completed did not always lead to actions being taken where necessary. At this inspection we found the practice had started to implement a number of audits, including two-cycle audits, to highlight areas where improvement is required</p>	

## Appropriate and accurate information

	Y/N/Partial
Staff used data to adjust and improve performance.	Partial <sup>1</sup>
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: 1 – At our previous rated inspection published August 2019 we did not see sufficient evidence to show the practice used data to improve performance; for example, Quality Outcomes Framework exception reporting data. At this inspection we found the practice had implemented a number of new structures and processes to address performance data. However, there was limited evidence available to see if improvements had been made and sustained.	

## 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.	Partial <sup>1</sup>
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: 1 – Since our previous rated inspection published August 2019 the practice had recruited a Patient Participation Group, in addition to this we saw literature available in the practice for interested patients.	

### Feedback from Patient Participation Group.

Feedback
We spoke with one member of the Patient Participation Group who told us that whilst the group was newly formed, they were pleased with the openness of the practice leadership team and encouraged by their willingness to engage.

## 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.	N <sup>1</sup>
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice was able to evidence new structures and systems to promoted continuous learning and improvement. For example, we found improvements to the practice’s significant event system which evidenced that learning from events was shared with the practice team.</p> <p>However, at our previous rated inspection published August 2019 we reviewed training records and found members of staff had completed all of their training on one day. One member of staff had completed 20 modules of training in one day and according to the certificates, this amounted to over 24 hours of training. At this inspection we found this had continued.</p>	

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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