

# Care Quality Commission

## Inspection Evidence Table

### Plumbridge Medical Centre (1-2692552239)

Inspection date: 7 January 2020

Date of data download: 11 January 2020

## Overall rating: Good

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

### Effective improvement

### Rating:

### Requires

At the last inspection we rated the practice as requires improvement for providing effective services as there was a lack of processes in place for the practice to assure themselves that care, and treatment was delivered according to evidence-based guidance. At this inspection we did not see enough evidence that the practice had made significant improvements in this area; as such, the practice remains rated requires improvement for providing effective services.

We rated the practice as requires improvement for providing effective services because:

- The practice was below the minimum child immunisation uptake rate.
- The percentage of women eligible for cervical cancer screening who were screened was below target.

The issues identified at this inspection as requiring improvement affected two out of the six population groups: Families, children and young people; and Working age people.

#### 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	Y

needs and their mental and physical wellbeing.	
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:	
<ul style="list-style-type: none"> <li>We looked at 12 patients' records and found that they had been maintained appropriately.</li> <li>We reviewed high-risk medicines and found that people were being monitored appropriately.</li> <li>The practice had developed an effective two-stage process for monitoring safety alerts.</li> </ul>	

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>	1.25	0.87	0.74	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>The practice carried out structured annual medication reviews for older patients.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>Health checks, including frailty assessments, were offered to patients over 75 years of age.</li> <li>Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li> </ul>

## People with long-term conditions

## Population group rating: Requires improvement

### 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. However, they were below the CCG and national average in two of the three diabetes indicators.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on 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>	63.8%	73.0%	79.3%	Variation (negative)
Exception rate (number of exceptions).	9.7% (21)	9.1%	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>	89.4%	73.8%	78.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	8.3% (18)	6.2%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	69.5%	77.1%	81.3%	Variation (negative)
Exception rate (number of exceptions).	9.2% (20)	8.3%	12.7%	N/A

### Any additional evidence or comments

Following the inspection, the practice told us they have a higher prevalence (10%) of diabetic patients compared to the CCG and national average.

The practice utilises the local community diabetic clinic which provides extended appointments for diabetic patients with poor control (HBA1C > 75). The practice has a diabetic clinical lead who has expertise in insulin initiation and a nurse who is trained in diabetic foot checks. Patients are encouraged attend a local service to address lifestyle factors.

To address the less than average target being met, the practice is working with their practice nurse and clinical pharmacist to target these patients to encourage more regular reviews and discussions with clinicians for medication and lifestyle management.

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	77.9%	76.0%	75.9%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	2.7%	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>	91.3%	89.1%	89.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	7.2%	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)	82.6%	78.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.1% (20)	3.0%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	100.0%	85.9%	91.1%	No statistical variation
Exception rate (number of exceptions).	33.3% (2)	7.4%	5.9%	N/A

#### Any additional evidence or comments

The practice had improved on their previous QOF performance in asthma and atrial fibrillation.

### Families, children and young people

### Population group rating: Requires improvement

#### Findings

- The practice had not met the minimum 90% threshold for all four of the childhood immunisation uptake indicators or the WHO based national target of 95% (the recommended standard for achieving herd immunity).
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	20	25	80.0%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	25	32	78.1%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	25	32	78.1%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	26	32	81.3%	Below 90% minimum

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

### Any additional evidence or comments

We were told that the practice's child hood immunisation performance was due to patients refusing to have their child immunised. The practice has now introduced a disclaimer to be signed by such parents

The practice informed us that they had improved their child immunisation figures between May 2019 and the time of the inspection. However, they were unable to provide us with comparable data as evidence of this.

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

### Population group rating: Requires improvement

#### Findings

- The percentage of women eligible for cervical cancer screening who were screened was below target. The provider informed us that that some of their patients were reluctant to have a cervical smear due to cultural reasons. These patients were usually called by the practice manager and nurse to discuss their concerns. We were informed that the practice had plans to implement a disclaimer for patients who do not wish to participate in the program to sign.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (31/03/2019 to 30/06/2019) (Public Health England)	63.7%	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)	58.5%	65.7%	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)	30.7%	47.5%	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)	100.0%	70.4%	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)	80.0%	56.5%	53.8%	No statistical variation

#### Any additional evidence or comments

The practice had improved on their previous QOF performance for women aged between 50-70, screened for breast cancer in last 36 months.

#### 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 considered 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.

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

**Population group rating: Good**

**Findings**

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



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)	100.0%	85.3%	89.4%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.0% (0)	5.6%	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%	84.9%	90.2%	Tending towards variation (positive)
Exception rate (number of exceptions).	10.0% (1)	4.0%	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%	86.2%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	7.9%	6.7%	N/A

### Monitoring care and treatment

**The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	536.5	522.3	539.2
Overall QOF score (as a percentage of maximum)	96.0%	93.6%	96.7%
Overall QOF exception reporting (all domains)	7.7%	5.2%	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.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

The practice undertook a range audits and quality improvement activity within the last 12 months including:

#### Amlodipine and simvastatin audit

Audit of patients co-prescribed amlodipine and simvastatin to check they were not being prescribed more than 20 mg of simvastatin (20mg).

In June 2019, a search was carried to check the number of patients on amlodipine (237). Seventy-three of those patients were prescribed amlodipine and simvastatin. None of the patients was identified as being on more than 20mg of simvastatin.

In December 2019, a re-audit showed that 247 patients were on simvastatin, of which 75 were also on amlodipine. None of the patients was identified as being on more than 20mg of simvastatin.

#### Patients on Levothyroxine & Monitoring of Thyroid Function test

This audit was to check if patients prescribed the medication thyroxin had received a thyroid function test (TFT) annually. In November 2018 a search identified 10 patients who had not had their TFT in the last year. These patients were called and informed to have a blood test as soon as possible.

The practice re-audited in June 2019 and found one patient who had not had a TFT in the last year. The patient had received a TFT by the time the practice contacted them (within a few days) to discuss having the test.

#### Single cycle audits with a six- month re-audit schedule

- Nonsteroidal anti-inflammatory drugs & Peptic Ulcer Disease or Gastritis – this audit led to the identification of seven patients that were not co-prescribed a proton pump inhibitor (PPI). The practice contacted these patients and provided them with PPIs.
- Lithium and blood monitoring audit - this audit led to one patient being contacted and given a blood test for the required tests.
- Cervical smear re-audit – this audit led to three patients being contacted to make sure they were seen in colonoscopy department (annual re-audit scheduled).

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had a comprehensive induction programme in place for new staff. This included, staff training, confidentiality agreement and building requirements.</li> <li>All staff had undergone an appraisal within the last 12 months.</li> </ul>	

## 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	Y

services.	
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

## Helping patients to live healthier lives

### Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

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>	99.3%	93.0%	95.0%	Variation (positive)
Exception rate (number of exceptions).	2.0% (11)	0.6%	0.8%	N/A

## Consent to care and treatment

**The practice was unable to demonstrate that it obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y

# Caring improvement

Rating:

Requires

We rated the practice as requires improvement for providing effective services because:

- The practice's performance in the GP Patient Survey was significantly below the CCG and national average in one of the indicators and trending negative in the remaining three. The practice had failed to address these areas in the internal patient survey.

Additional findings:

- We received 33 comment cards, 31 were wholly positive about their overall experience within the practice, the remaining two mentioned long waiting times at the practice for their GP appointment.
- Processes were in place to support patients who are bereaved and carers.
- The patients we spoke to said they felt treated with respect and dignity and their healthcare professional listened to them during consultations.

## 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.	33
Number of CQC comments received which were positive about the service.	31
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Patient interviews	The patient we spoke with was pleased with the treatment received at the practice and spoke of the willingness of staff to assist. They stated that they found it easy to get an appointment when required.
CQC comment	Positive – Clinical and reception staff were described as treating people with respect

cards	and dignity. Mixed - Positive about care and treatment but experiences long waiting times at the practice. Negative – long waiting times at the practice.
NHS choices	Between May 2018 and September 2019 four comments were left. Two of the four were positive about their experience within the practice. The remaining two were negative; one comment referred to the difficulty of getting an appointment, the other comment spoke of the unprofessional behaviour of a member of the clinical team.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2437	452	79	17.5%	3.24%

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)	74.9%	85.0%	88.9%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	58.2%	81.8%	87.4%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	85.1%	92.3%	95.5%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	65.7%	79.3%	82.9%	Tending towards variation (negative)



### Any additional evidence or comments

The practice created a multilingual patient survey after summarising data from the GP patient survey, which had three questions from the GP patient survey.

The four indicators above where the practice was tending negative and had a significant negative variation were not addressed in the practice's action plan.

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

### Any additional evidence

Findings from the practice's 2019 survey:

- 89% of respondents said they were you able to get an appointment at a time that suited.
- 84% of respondents said they were seen within an acceptable time of their booked appointment.
- 85% of respondents said the doctor or nurse explained information to them, clearly and in full.
- 100% of respondents said they staff at the surgery were approachable and sympathetic to their individual needs at each visit.
- 96% of respondents said they would recommend the practice.
- In response to the question, 'How would you rate your wait at the reception desk on arrival?' 22% of respondents said: excellent, 32% said: very good, 20 % said: poor and 4% said good.

Actions/objectives included:

- To make sure full respect is given to patients for them to feel welcomed.
- To ensure that all patients get the appointment they need with their preferred doctor.
- We need to ensure that we promote online booking more at the reception.

Most of the practice's actions did not outline steps the practice would take to achieve their objective.

### 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
Interviews with patients.	All the four patients we spoke to said their overall opinion of the practice was good.

### 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)	87.9%	88.5%	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
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a range of information available for patients in the waiting area. To name a few:</p> <ul style="list-style-type: none"> <li>• Diabetes services</li> <li>• Talking Therapies</li> <li>• Bereavement services</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	3% (79)
How the practice supported carers (including young carers).	The practice informed us that they provide information on local services to carers. The practice's website provided links to an array of support services including financial and legal.
How the practice supported recently bereaved patients.	The lead GP will call and invite them in to talk and send a card.

## 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

## Well-led

## Rating: Good

At the last inspection, the practice was rated as requires improvement for providing well-led services because we found, there had not been enough improvement, since the inspection on 27 September 2017, when the practice was also rated requires improvement.

At this inspection, we rated the practice as good for providing well-led services because:

- Governance of the practice assured the delivery of high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture.
- Staff said they felt supported to do their role and that there was an open-door policy.
- Leaders were aware of the challenges within the population and were working towards taking steps to address them, i.e. social prescriber, support of the medicine management team, started to code carers, began tracking referrals.

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver quality sustainable care.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• We were told there was an open and transparent culture at the practice and all staff were engaged in the direction of the practice.</li><li>• Staff were encouraged to participate and feedback through practice meetings or direct to the managers or the lead GP.</li><li>• The practice held clinical and reception meetings where complaints were discussed. We saw that all meetings were appropriately minuted and actions were logged.</li></ul>	

## Vision and strategy

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

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

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Staff spoken to said leaders were approachable and listened if they raised concerns. They felt respected, supported and valued.</li> <li>• Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.</li> <li>• Staff reported there was an open-door policy, and they could contact managers and GPs whenever they had a concern.</li> </ul>	

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> <li>• Staff told us they felt supported by the management team and were able to approach managers for support and could request learning and development at any time.</li> <li>• Staff said they felt confident that managers would address their concerns and issues when raised.</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:	
<ul style="list-style-type: none"><li>• At the last inspection we found that:<ul style="list-style-type: none"><li>○ Practice leaders had established policies, procedures and activities to ensure safety but had not assured themselves that they were operating as intended. For example, leaders had not assured themselves that the practice's safety alerts were adhered to consistently. At this inspection we found that the practice had developed a new system which ensured that GPs were forwarded safety alerts, they were recorded on the computer and paper file and were discussed in clinical meetings.</li></ul></li><li>• Staff met through both formal meetings and on an ad-hoc basis if issues arose which required urgent attention.</li><li>• There were named clinical and non-clinical leads. Namely:<ul style="list-style-type: none"><li>○ Safeguarding adults and children</li><li>○ Complaints lead</li><li>○ Infection control</li></ul></li></ul>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.</li> <li>• We saw evidence of clinical audits having a positive impact on quality of care and outcomes for patients.</li> <li>• Leaders reviewed all MHRA alerts, incidents, and complaints.</li> </ul>	

## Appropriate and accurate information

**The practice acted on appropriate and accurate information.**

	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:	
<ul style="list-style-type: none"> <li>• The practice submitted data or notifications to external organisations as required.</li> <li>• There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems</li> </ul>	



## 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.	Partial 1
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: 1. Although the practice had carried out their own patient survey, it had not covered the areas of patient concern identified in GP Patient Survey.  The service had developed a patient participation group, and kept the group informed of changes to the practice	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

## Examples of continuous learning and improvement

No evidence provided.

## 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.